



City of Lawrence

2014 Social Service Funding Application - Special Alcohol Funds

Applications for 2014 funding must be complete and submitted electronically to the City Manager's Office at ctoomay@lawrenceks.org by 5:00 pm on Friday, May 3, 2013. Applications received after the deadline will not be reviewed by the Social Service Funding Advisory Board.

General Information: Each year, the City Commission considers requests for the allocation of dollars to a number of agencies that provide services benefiting the Lawrence community. These funds are to be used pursuant to the goals of the City Commission, which can be found below:

- **ECONOMIC DEVELOPMENT:** Promoting the economic development of Lawrence to provide varied work and business opportunities.
- **PLANNED GROWTH:** Encouraging growth that protects our environment, neighborhoods, and cultural features while benefiting all of our citizens.
- **COMMUNITY BUILDING:** Creating social capital and celebrating our heritage.
- **ENVIRONMENT ISSUES:** Integrating the environment into our decisions as we work towards a sustainable city.
- **NEIGHBORHOOD QUALITY:** Improving the livability of all Lawrence neighborhoods.
- **TRANSPORTATION:** Improving access for all citizens.
- **DOWNTOWN DEVELOPMENT:** Enhance the vitality of downtown while maintaining it as a unique community treasure.
- **SERVICE DELIVERY:** Provide excellent city services consistent with resources available.

Applications will be reviewed by the Social Service Funding Advisory Board at meetings held from 2:00 to 6:00 p.m. on May 15 and May 22. Applicants are asked to make a contact person available by phone in case questions arise. Following their review, the Advisory Board will forward recommendations for funding to the City Commission.

Recommendations will be based upon the following criteria:

- availability of city funds
- the need demonstrated through the agency's application
- the stated objectives of the applicant's program
- alignment of the program with the City Commission Goals
- the efforts to collaborate and avoid duplication of service demonstrated through the application
- outcomes that move program participants from total dependency toward measurable levels of independence
- ability to measure progress toward the program objectives and the City Commission Goals
- past performance by the agency in adhering to funding guidelines (as appropriate)

The final decision regarding funding will be made by the City Commission when they adopt the Annual Operating and Capital Improvement Budget in August.

Special Alcohol Tax Information. Below are descriptions of descriptions of the categories of programs that may be funded with Special Alcohol Tax. An organization may apply in as many categories as it chooses.

Prevention. Activities related to prevention are described below.

- *Universal Prevention:* A universal prevention strategy is one that is desirable for all members of a given population. The goal of the universal prevention is to deter the onset of substance abuse by providing all individuals with information and skills needed to prevent the problem.

- *Selective Prevention:* Selective prevention strategies target subgroups that are believed to be at greater risk than others. Risk groups may be identified on the basis of biological, psychological, social or environment risk factors known to be associated with substance abuse.
- *Indicated Prevention:* The purpose of indicated prevention is to identify individuals who exhibit early signs of substance abuse and associated behavior and to target them with special programs. In the field of substance abuse, an example of an indicated prevention strategy might be for high school students who experience truancy, failing grades and depression.

Treatment & Recovery. Treatment and recovery related activities are described below:

- *Assessment/Evaluations:* Assessment and Evaluation is the process of identifying the extent of a substance abuse problem through the process of background assessments and interviews. The assessment and evaluation stage allows a clinician to make an appropriate diagnosis and treatment placement.
- *Therapy:* This section of the continuum includes inpatient, outpatient or educational processes to assist the client in addressing substance abuse issues.
- *Aftercare:* Aftercare includes efforts to reintegrate clients into a normal living situation and support a substance free existence. Aftercare may also include on-going therapy with clinical, family support and self-help programs.

Intervention. Activities related to intervention include initial assessment of individuals who have problems with substances and making appropriate referrals. Intervention also includes efforts to interrupt the use of substances in order to connect the client with proper treatment resources.

Coordination. Comprehensive and coordinated efforts provide multiple benefits when communities address alcohol and other drug problems. A community-wide approach is effective because:

- 1) It affects the entire social environment, which allows communities to have strategic approach to addressing norms, values, and policies as well as changing conditions that place children at risk.
- 2) It develops broad base of support and teamwork which allows all agencies involved to fully understand their contribution to the overall single strategy to address issues.
- 3) It brings results that are long lasting by integrating programs, services, and activities through existing organizations and extends the influence of all programs.

Other. Programs, policies or practices deemed appropriate according to Charter Ordinance 33.

Other Information. Collaboration and/or coordination between organizations is highly recommended and multi-agency proposals to address an identified community problem are encouraged. Programs should have research based effective strategies or “promising approaches.” All programs must have goals with measurable outcomes.

PLEASE NOTE THAT FUNDS WILL BE DISBURSED ACCORDING TO THE FOLLOWING SCHEDULE UNLESS OTHERWISE AGREED TO IN WRITING:

- **FIRST HALF OF FUNDS WILL NOT BE DISBURSED BEFORE APRIL 1**
- **SECOND HALF OF FUNDS WILL NOT BE DISBURSED BEFORE OCTOBER 1**

The budget picture from the Kansas Legislature creates uncertainty as to the status of the local portion of the alcohol liquor tax. If the Legislature decides to eliminate or reduce the local portion of this tax, it will impact the City’s ability to fund programs. The City of Lawrence is proceeding with the Request for Proposal process and accepting applications for the alcohol tax revenues, with the understanding that funding levels, if any, are unknown and potentially subject to reductions by the State Legislature.

Questions? Contact Casey Toomay, Budget Manager at ctoomay@ci.lawrence.ks.us or 785.832.3409.



2014 SOCIAL SERVICE FUNDING APPLICATION – SPECIAL ALCOHOL

SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: Big Brothers Big Sisters of Douglas County

Name of Program for Which Funding is Requested: Big Brothers Big Sisters Community –Based Mentoring

Primary Contact Information (must be available by phone 5/15 and 5/22 from 2 p.m. to 6 p.m.)

Contact Name and Title: Stacie Salverson-Schroeder, Executive Director

Address: 2518 Ridge Court, Room 253, Lawrence, KS 66046

Telephone: 785-843-7359 (office) 785-221-9221 (cell) Fax: 785-785-843-3728

Email: sschroeder@ksbbbs.org

SECTION 2. REQUEST INFORMATION

The criteria for each application questions are explained below.

A. Amount of funds requested from the City for calendar year 2014.

Program should fit within one of the established categories.

Prevention	\$ 29,500	Intervention	\$	Other	\$
Treatment	\$	Coordination	\$		

B. Provide a brief description of the program.

Big Brothers Big Sisters of Douglas County's mission is to provide children facing adversity with strong and enduring, professionally supported one-to-one relationships that change their lives for the better, forever. Over the years, the definition of a child at risk or facing adversity expanded from living in a single-parent home to currently include, those living at or below the poverty level, living with abusive situations, non-violent juvenile offenders and their at-risk siblings, as well as children who have a family member residing in prison.

Our program, through the tedious work of trained case managers, matches a carefully screened, qualified and caring adult volunteer (Big) with an at-risk child (Little). Volunteer mentors in the Community-Based program provide Littles with non-judgmental adult friendship, time and attention on a weekly basis, through one-on-one outings tailored to the match's combined interests. Through this relationship, Bigs help their Littles discover a world of possibilities and opportunities they may not be able to experience outside of their time together. With this support, Littles learn core values and behaviors, which in turn help them to avoid negative life choices. Throughout the life of a match, a Big Brothers Big Sisters Case Manager supports and supervises the Bigs, Littles and the Little's parent with monthly follow-up phone calls, formal evaluations and occasionally scheduled match activity opportunities.

Public/Private Ventures, an independent Philadelphia-based national research organization, looked at over 950 boys and girls from eight Big Brothers Big Sisters agencies across the country selected for their large size and geographic diversity. This study, conducted in 1994

and 1995, is widely considered to be foundational to the mentoring field in general and to Big Brothers Big Sisters Community-Based program in particular. Approximately half of the children were randomly chosen to be matched with a Big Brother or Big Sister. The others were assigned to a waiting list. The matched children met with their Big Brothers or Big Sisters about three times a month for an average of one year. Researchers surveyed both the matched and unmatched children and their parents on two occasions: when they first applied for a Big Brother or Big Sister, and again 18 months later.

Researchers found that after 18 months of spending time with their Bigs, the Little Brothers and Little Sisters, compared to those children not in our program, were:

- 46% less likely to begin using illegal drugs
- 27% less likely to begin using alcohol
- 52% less likely to skip school
- 37% less likely to skip a class
- 33% less likely to hit someone

They also found that the Littles were more confident of their performance in schoolwork and getting along better with their families. "We have known all along that Big Brothers Big Sisters' mentoring has a long-lasting, positive effect on children's confidence, grades, and social skills," affirms Karen J. Mathis, Big Brothers Big Sisters of America's President and CEO, "and the results of this impact study scientifically confirm that belief."

"These dramatic findings are very good news, particularly at a time when many people contend that 'nothing works' in reaching teenagers," said Gary Walker, then-President of Public/Private Ventures. "This program suggests a strategy the country can build on to make a difference, especially for youth in single-parent families."

According to the study, our one-to-one matches are the driving force behind making an impact on children. A Big Brothers Big Sisters' match is carefully administered and held to the strictest standards. Agency staff strives for matches that are not only safe and well suited to each child's needs, but also harmonious and built to last.

According to the study, Big Brothers Big Sisters programs were found to "focus less on specific problems after they occur, and more on meeting youths' most basic developmental needs." The matches that were observed shared everyday activities: eating out, playing sports or attending sports events, going to movies, sightseeing, and just hanging out together. But what mattered to the children were not the activities. It was the fact that they had a caring adult in their lives. Because they had someone to confide in and to look up to, they were, in turn, doing better in school and at home. And at a time in their lives when even small choices can change the course of their future, the Littles were also avoiding violence and substance abuse.

"When Little Brothers and Little Sisters feel good about themselves," said Mathis, "they can positively impact their friends and families, their schools, and their communities. And as this important study has shown, these young people believe in themselves because a Big Brother or Big Sister believed in them."

C. Provide a brief description of how the need for this program was determined.

Using recent census estimates, the Lawrence/Douglas County area has approximately 14,675 children in the 5-18 year age group. Approximately 20% or 2,900 children of our population are considered to be in at-risk environments. Big Brothers Big Sisters of Douglas County has a long-term goal to serve at least 20% of the at-risk population, which equates to

580 children annually. During the 2012 year, Big Brothers Big Sisters served 458 children, with an active match count of nearly 300 at any one time.

The number of at-risk children will remain relatively proportional to the local population, and the negative impact of at-risk environments will remain. Likewise, even as matches are made, more school officials, teachers, counselors and families request mentors for their children, creating a waitlist of over 100 children. Support by our local community, through volunteers, donations and grants, allows us to maintain a full staff, which are able to focus on providing quality, lasting relationships for the at-risk children on our waiting list.

Big Brothers Big Sisters is the only Lawrence agency providing one-to-one mentoring relationships with at-risk youth. Our four Case Managers are fully invested in making matches and providing continuing support for our volunteers, as well as, supervision based on state standards. For several years, the Alcohol Tax Funds allocated to Big Brothers Big Sisters have nearly supported the payroll expense of one Case Manager. To meet the continuing and growing need of mentors for at-risk youth in our community, Big Brothers Big Sisters seeks the support of the City of Lawrence to once again support the cost of one full-time Case Manager. This will allow us to maintain and expand our service to over 450+ at-risk children, as well as maintain the preventative services that mentoring provides our community.

D. Describe the desired outcomes of this program (see Logic Model). At least one Process, one Behavioral and one Impact Outcome must be included and clearly outlined on Logic Model. Outcomes must be measured by an identified evaluation tool. Does agency show adequate progress towards achieving their targeted outcomes if previously funded.

See below.

E. Describe any coordination efforts your agency has made.

Big Brothers Big Sisters coordinates with a diverse group of community organizations and services to offer mentoring to the children in our community that need our services.

- USD 497 – Big Brothers Big Sisters partner with the Lawrence school district to coordinate our Bigs in Schools program with the elementary and middle school aged children. We also interact with Success by Six, School Resource Officers, Family Resource Specialists, After-school programs and Parents As Teachers.
- The Douglas County Sheriff, Lawrence Police, the KU Public Safety Office and the KU Athletic Department partner with BBBS each year to offer a Safety Training Camp to approximately 100 children in our community.
- Bert Nash, DCF, The Shelter, Douglas County Department of Youth Services, Ballard Community Center, and Willow Domestic Violence Services refer children to our agency and provide our clients with needed services.
- Various correctional facilities including Lansing State Penitentiary, Leavenworth Federal Prison, and Topeka Correctional Facility for Women refer children to our Mentoring Children of Prisoners program.
- The University of Kansas general population, fraternities and sororities provide activities each year for our Littles. The Center For Community Outreach has referred numerous volunteers.
- As a United Way of Douglas County agency, BBBS networks with other agency directors through the UW agency directors' meetings and collaborates to achieve the goals under the Education umbrella of the United Way target goals.

- The Roger Hill Volunteer Center directs new volunteers to the agency, and refers parents and children, as well as promotes our recruitment needs by featuring a child on the BBBS waitlist in their community “how-to-help” column.
- We work with Lawrence Education Achievement Partners (LEAP) which encourages businesses and organizations to become more involved with partner schools.
- As a member of the Lawrence Chamber of Commerce, BBBS develops business relationships as well as recruits new volunteers for Big Brothers Big Sisters.
- BBBS work with the Boys & Girls Club to place mentors at their after-school sites. Additionally, staff members refer children to BBBS programs.
- We collaborate with CASA to share volunteer resources and training facilities. Many of our Littles attend summer camps free of charge on CASA scholarships.
- BBBS collaborates with the Dads’ of Douglas County to offer insight in the importance of a dad’s involvement in his/her child’s life, as well as to recruit dads/families to become mentors of the BBBS program.
- BBBS collaborates with multiple service agencies as a part of the Child Abuse Prevention Task Force.

F. Describe how your agency is capable of implementing the proposed program.

Big Brothers Big Sisters of Douglas County is a member agency of Kansas Big Brothers Big Sisters, an affiliate of Big Brothers Big Sisters of America (BBBSA), and follows all the quality and safety standards and procedures required of affiliate agencies. BBBSA is a respected 100+ year old organization with proven success.

Locally, our agency is supported by a dedicated Community Advisory Board, consisting of local citizens who support the mission. The agency is made up by an Executive Director with eight years of non-profit experience, a newly appointed Area Program Director with three years of experience and three Case Managers, who are primarily responsible for processing volunteers, families and managing the matches. Along with program, our agency coordinates several aggressive fundraising events, actively seeks recruitment opportunities for potential volunteers and researches areas for growth (new grants, individual solicitation, and major corporate gifts).

G. Provide a detailed budget for the proposed program using the categories provided. The budget request for the program described should be reasonable and spelled out according to the categories below. Does the organization use funding creatively to get the most for the money, i.e. use of students, volunteers, in kind donations, leveraging of this funding to get other funding, etc.? Are long-term plans for program funding discussed – will this be an annual request for alcohol tax, is it expected to increase, decrease, etc.? Are other sources of funds used for the program? If so, are they described.

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| • Personnel(list each staff position individually and note if new or existing) | • Fringe Benefits | • Supplies: office |
| | • Travel | • Supplies: other |
| | • Office Space | • Equipment |

Requested Budget: \$29,500

Case Manager (Existing Position): \$23,600

Fringe Benefits: \$5,957 (Payroll Taxes & Health Insurance)

Travel, Office, Office Supplies, Etc: \$0 (The balance of salary and expenses required for this position will be supported by budgeted private and corporate donations.)



City of Lawrence

SECTION 3. LOGIC MODEL

Please complete the Logic Model below.

ASSESSMENT DATA	CITY COMMISSION GOAL(S)	PROGRAM GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<p>20% of community children are considered at risk, approximately 2,900 children.</p> <p>73% live in families with incomes at or below the poverty level</p> <p>82% are from single-parent homes</p> <p>61% live in families with alcohol or drug addiction backgrounds</p> <p>37% have been abused or neglected</p> <p>25% have a parent who has been, or currently is, incarcerated.</p>	<p>The BBBS program promotes several aspects of the City Commission Goals, in particular the opportunity to promote growth of our community by helping to encourage our at-risk youth to become more involved and aware. The BBBS program also offers a service to our community, which encourages our local citizens to get involved, as well as be a resource for the children in the community that need support.</p>	<p>Reduce negative behaviors such as:</p> <ul style="list-style-type: none"> • Delinquency • Truancy • Resorting to violent behavior • Anti-social behaviors <p>Delay or avoid:</p> <ul style="list-style-type: none"> • drug abuse • early use of alcohol <p>Improve:</p> <ul style="list-style-type: none"> • Academic performance • School attendance <p>Promote bonding with caring adults</p> <p>Improve self-esteem</p>	<p>Children ages 5-17 from one or more of the following groups:</p> <ul style="list-style-type: none"> • single parent homes • incarcerated family member, • juvenile offenders or siblings of juvenile offenders • other high risk environmental factors such as poverty, poor school performance , etc. 	<p>Maintain program staff to support target numbers of matches and conduct monthly supervision.</p> <p>Match children to carefully screened adult mentors</p> <p>Mentors to meet weekly with their Littles.</p> <p>Conduct Program Outcomes Evaluation (POE) at one year anniversary of all matches</p>	<p>Support current mentoring matches to extend the life of the match and ensure quality of relationship.</p> <p>To create and serve 50 additional matches in FY 2014 and serve 575 children annually in 2014.</p>	<p>Maintain consistently positive results for areas of risk.</p> <p>Children and parents will report:</p> <p>25% better able to avoid substance abuse</p> <p>25% more likely to avoid delinquency</p> <p>25% will have improved self-confidence</p> <p>25% with improved attitude toward school</p> <p>25% with better school performance</p>	<p>Children matched for one year or more will:</p> <p>70% of children with an incarcerated parent will avoid detention and/or incarceration</p> <p>90% of children will avoid dropping out of school</p> <p>90% of children will avoid drug abuse and early use of alcohol</p>



2014 SOCIAL SERVICE FUNDING APPLICATION – SPECIAL ALCOHOL

SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: Boys & Girls Club of Lawrence

Name of Program for Which Funding is Requested: After School/Out of School Program

Primary Contact Information (must be available by phone 5/15 and 5/22 from 2 p.m. to 6 p.m.)

Contact Name and Title: Colby Wilson, Executive Director

Address: 1520 Haskell Ave., Lawrence KS 66044

Telephone: (785) 424-5211 Fax: (785) 841-3911

Email: cwilson@bgclk.org

SECTION 2. REQUEST INFORMATION

The criteria for each application questions are explained below.

A. Amount of funds requested from the City for calendar year 2014.

Program should fit within one of the established categories.

Prevention	\$106,278	Intervention	\$	Other	\$
Treatment	\$	Coordination	\$		

B. Provide a brief description of the program. Summary of program should be clear and concise. Is Program related to one or more of the City Commission Goals? Is program based on proven effective strategies or “promising approaches?” Description should address how program is designed to have long-term effects on a person’s decisions about alcohol and other drug use. When appropriate, program design takes into account the person’s family and/or community.

The Boys & Girls of Lawrence Club is the premier youth development agency in the city of Lawrence. Boys & Girls Club provides safe, affordable after school and out-of-school programs to low-income children ages 5-15. Over 3,000 young boys and girls find refuge at the Club every year and participate in positive and constructive activities in programs such as; education and career development, character and leadership skill development, sports, fitness and recreation, health and life skills, substance abuse prevention, and service learning programs.

Boys & Girls Club has seen significant growth over the last decade. In 2000 the Club operated one free standing site and one school site and served an average of 100 youth. Today the Boys & Girls Club of Lawrence operates two free standing clubs and collaborates with the school district to provide services at 12 other locations throughout the community. The Boys & Girls Club of East Heights, located in the old East Height Elementary building, serves kindergarten through sixth grade youth. The Teen Center, located at the main facility (1520 Haskell), serves over 70 youth and offers a safe and fun environment for teens to spend out-of-school hours. In the fall of 2013 Boys & Girls Club of Lawrence will add 2 more after school sites bringing the total to 14 after school program sites.

Boys & Girls Club charges a minimal fee for its services. At a majority of the sites, full price is \$20 per child per week. Scholarships are available to those who cannot afford to pay full price.

Our mission is to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens. We do this by providing a safe place where children can learn and grow under the supervision of caring adults.

Our objectives are to provide all children and youth, who are predominantly from at-risk populations, with the resources, behaviors, and life skills necessary to prevent them from becoming victims of substance abuse.

The mission and the objectives of Boys & Girls Club align with the city’s goals in several ways. Providing a safe place for Lawrence youth allows their parents the opportunity to work without having to worry about their children. The parents are able to work effectively and efficiently for their employers to increase economic development. The families are also able to invest the money they make from working back into the Lawrence economy. Another city goal that aligns with Boys & Girls Club is neighborhood quality. After school time is a precarious time for youth and teens. When Club

members are in the safe environment of the Club they are not roaming alone in neighborhoods causing problems, or vandalism. And finally Boys & Girls Club prides itself in providing the best possible programs. From finding the right staff, to training them to always looking for ways to continue to be at the forefront of youth development, Boys & Girls Club is able to provide excellent service delivery for the youth and families of Lawrence.

Using the SMART program curriculum assures our success in meeting our outlined goals and objectives. The SMART programs are research-based life skills programs developed by the national level Boys & Girls Club. Their goal is to help young people resist alcohol, tobacco and other drug use. The format is based on interactive, small-group activities that increase participants' peer support, enhance life skills, build resiliency and strengthen leadership skills. For more than a decade, Boys & Girls Clubs have successfully used this program nationwide. The material is presented in age-appropriate increments:

- Smart Kids (ages 6-9): A skills development program focused on self-awareness, decision-making and interpersonal skills, while communicating age-appropriate information about alcohol and other drugs.
- Smart Moves (ages 9-13): A resistance skills program focused on ways to identify and resist peer, social and media pressures to use alcohol, tobacco, and other drugs.
- Smart Girls (ages 10-13): A program for adolescent girls that teaches resistance skills, stress reduction techniques, communication skills, assertiveness training and life planning. It provides accurate information about alcohol use, tobacco use, other drug use, adolescent sexuality and body image.
- Passport to Manhood (ages 10-13): A curriculum for adolescent boys that address several key areas of development while stressing and promoting positive values and behaviors.

While prevention programs are important, Boys & Girls Club works hard to provide another prevention strategy. According to the National Institute on Alcohol Abuse and Alcoholism, personal influences promoting alcohol use include low school achievement and commitment. Academic support is a large component of the after school program. Every day during the after school program every Club member attends Power Hour, a 30-45 time period where students work on their homework or other academic lessons. In most of the sites a specific location is used as a homework lab where students are able to work on their homework with the aid of certified teachers or KU volunteers. Homework lab is open to every student but is traditionally used by fourth grade and up. Those students who do not have specific homework assignments take part in activities planned specifically around the lessons they are learning during the school day.

The school day staff plays a large part in assisting with the academic piece of the program. Each Boys & Girls Club program manager spends a large part of their day in the school where their site is located. During this time they talk with teachers, interact with students, and observe classrooms. Spending this time in the school allows them to become better acquainted with the school lessons being taught, with the rules and policies of the school and helps them become a trusted member of the school community. In the low-income sites, group leaders are placed in the schools during the day for a couple hours per week. These group leaders are able to observe student behavior as well as work with teachers to design activities that enhance the academic lessons being taught. The group leaders in turn share this information with other Boys & Girls Club staff in order to assist the students in their academics. The overall objective of the supports is to help each Club member achieve and/or maintain high academic standards.

In order to assess a student's situation and determine the level of academic support they need, program managers collect a range of academic data. Each trimester (quarter for middle schools) grades are collected and reviewed for each student. The principal, teacher and program manager work together to determine what academic supports each student would benefit from. Kansas State Assessment data is collected yearly to also help determine the support.

When it comes to drug and alcohol abuse teens are a very sensitive population. The Boys & Girls Club teen program serves youth that do not have anywhere else to go after school. A variety of teen programming teaches leadership skills and exposes the youth to a variety of career fields. The teens participate in programs allows them to explore different career areas so that by the time they get into high school they will have a knowledge of several different career paths and what it take to attain those career choices. Boys & Girls Club keeps them engaged during the time when experimenting and peer pressure is the greatest.

Many of our youth would not have access to tutoring, mentoring or athletic and arts activities if it were not made available to them through the Boys & Girls Club. Active involvement in the Club programs and activities has proved to have a positive impact on our youth and reduce the risk of drug and alcohol abuse.

Boys & Girls Club actively seeks parent and community involvement in the delivery of its programs. Parents have an opportunity to provide feedback and suggestions through ongoing surveys. Parents receive monthly newsletters and are actively involved in planning and participating in Boys & Girls Club events. Most importantly, parents are actively engaged in programming by sharing their expertise and hobbies with the youth.

The Lawrence community is an active supporter of the Boys & Girls Club. High profile community leaders help promote programming and serve as mentors to the youth. Often times the Boys & Girls Club environment is the only place our youth feel comfortable engaging in active dialogue with our community leaders. Neighborhood schools show their support by donating space and staff for the after school programs. The ability to utilize space in our schools helps to eliminate transportation barriers often experienced by our youth and allows Club staff to build strong relationships with school staff.

The Lawrence community also helps to support the Boys & Girls Club through special events such as the annual Red Dog Run and the Death Become Hair Masquerade Ball. In 2011, the events raised over \$15,000 for the Boys & Girls Club. The annual events continue to grow and they demonstrate overwhelming community support for the Boys & Girls Club of Lawrence.

C. Provide a brief description of how the need for this program was determined.

The need for the program should be clearly established and outlined. When appropriate, the context of other services available, or the lack thereof, should be provided. Statistical data that supports community need should be provided.

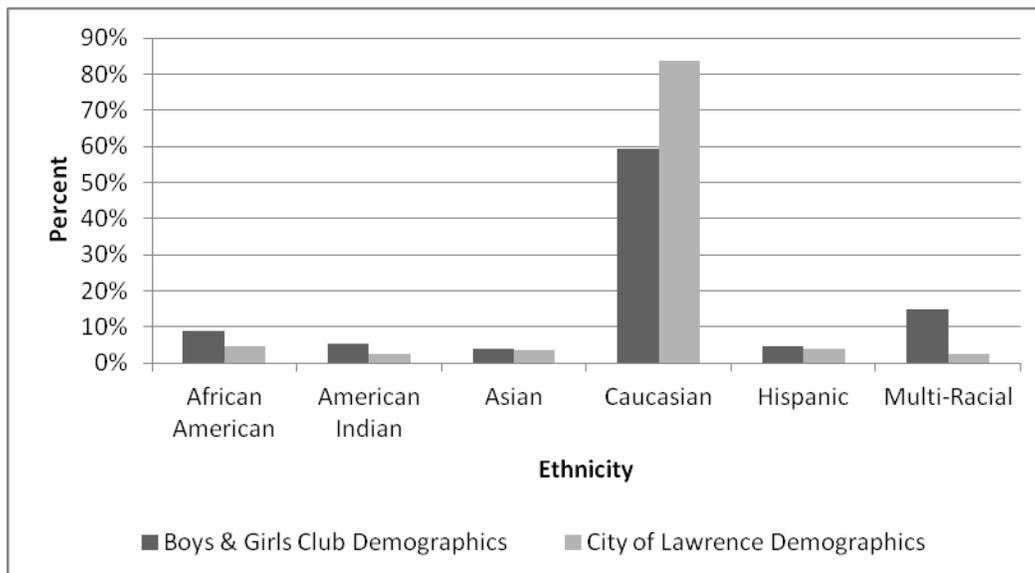
To the casual eye, Lawrence is a vibrant university town with many opportunities. Strolling down Massachusetts St. or traversing Clinton Parkway, this perception is borne out by the attractive shops and neighborhoods. Yet, this first impression of Lawrence can be very misleading. Lawrence is a city of many contradictions. If you explore the neighborhoods in north, north central and east Lawrence, the economic differences between the school neighborhoods located there and those located on the south and west side of town are clearly evident.

In Lawrence, 12.1% of families live below the poverty level, compared to the national average rate of 9.9% and 33% of single-parent households live below the poverty level compared to 28.7% nationally. (US Census) In the Boys & Girls Club of Lawrence alone, 64% families qualified as federal low-income, 60% are single parent households, and 80% had incomes under \$40,000 per year.

Adequate out of school supervision is becoming increasingly important as the family structure changes, more families are faced with poverty, families face longer work hours, youth are exposed to drug and alcohol pressure and other risk factors that affect their social and academic success.

The Kansas Action for Children reports, children without affordable after-school care are at higher risks for: academic failure, using drugs and alcohol, becoming crime victims, and/or perpetrating juvenile crimes, and becoming teen parents. After school programs are crucial opportunities to provide prevention and life skills education.

Boys & Girls Club serves an especially high-risk section of the Lawrence population in grades K-9. Sixty-four percent of Boys & Girls Club members qualify for free or reduced lunch compared to the school district average of 33%. Compared to the majority of their public school peers, children in the after school programs report higher levels on risk factors such as mobility, feeling safe, and having access to tobacco, drugs, and alcohol. Research shows that such factors put children at risk for school failure, delinquency and substance abuse (Battisich, Schaps, Watson & Solomon, 1996; Hawkins, Catalano & Miller, 1992). In addition to serving a high-risk section of Lawrence youth, Boys & Girls Club serves a disproportionately high number of minorities. The table below demonstrates the difference in the percent of minorities that live in the Lawrence community compared to the percent of minority youth the Club serves.



Studies have shown that children from minority groups typically have more risk factors and fewer protective factors, putting them at greater risk.

More and more children are being raised in homes where one parent (single-parent households) or both parents are working full-time jobs, often leaving children without adequate supervision after school.

Ninety-one percent (1,435/1,594) of the families in the Boys & Girls Club of Lawrence are employed and the face of the American work force has changed over the past few years. While school hours have remained the same work hours have not. The gap between work and school schedules amounts to as much as 25 hours per week, which presents working parents with the challenge of finding someone to care for their children while they are at work. Average work hours per adult increased 7.9 percent between 1960 and 1998, and nearly three-fourths of working adults say they have little or no control over their work schedule.

The burden of longer work hours not only falls on the parents and families but also on the employers. Polling shows that 87 percent of working mothers say the hours after school are when they are most concerned about their children's safety and this "afterschool stress" can lead to distraction that causes lower productivity, high turnover and absenteeism. In fact, 80 percent of employees with children miss work because of child care problems.

Parents are facing increased workloads, longer work hours and working multiple jobs to maintain the family income which lead to more and more youth being left on their own during after school and summer hours. Out of school hours are a time for youth to find alternative activities. Studies show that children are most at risk during the hours after school, the time of day when juvenile crime triples and children are most likely to be involved in risky behavior.

The after school programs provide a safe place for working parents to send their students. This not only affects the lives of children but also makes an impact on the Lawrence community and economic development. The Boys & Girls Club after school programs prevent youth from being involved in juvenile crimes and allows parents to stay at work and concentrate on their jobs without worrying about their students. Work productivity increases and employers benefit from efficient employees. Keeping their children in a safe after school programs allows parents to maintain employment therefore enabling them to invest their dollars back into the Lawrence economy by purchasing goods and services needed for their families.

Boys & Girls Club of Lawrence requests funds from the City of Lawrence to continue to provide low-cost and no-cost after school programs to an economically, racially, and ethnically diverse range of youth who face daunting risk factors as describe in the narrative above.

D. Describe the desired outcomes of this program (see Logic Model). At least one Process, one Behavioral and one Impact Outcome must be included and clearly outlined on Logic Model. Outcomes must be measured by an identified evaluation tool. Does agency show adequate progress towards achieving their targeted outcomes if previously funded.

Boys & Girls Club has three major prevention objectives – to provide all members with the (1) resources, (2) behaviors, and (3) life skills necessary to prevent them from becoming victims of substance abuse. We will measure and report our success in meeting these objectives according to the following Process, Behavioral, and Impact Outcomes:

Process Outcome #1: As a result of providing, a safe haven through after school programs, during 2014 Boys & Girls Club will provide 3,000 children (minimum 1,200 per day) with after school programs at 14 sites, with transportation from an additional two elementary schools and four middle schools. These sites will provide 175 days of after school programming from 7:00 a.m. to 7:00 p.m. and 54 days out-of-school programming from 7:30-6:00 p.m. Numbers served are tracked using Vision, a member tracking software, and through the Boys & Girls Club annual report.

Process Outcome #2: During 2014, a minimum of 800 children ages 6-15 will receive life skills and prevention education through the SMART programs. Numbers served are tracked using Vision, a member tracking software, and the Boys & Girls Club annual report.

Behavioral Outcome #1: Based on yearly participant evaluations, a minimum 90% of participants will report feeling safe in Boys & Girls Club programs, a measure that will reflect their daily connections with supportive adults.

Behavioral Outcome #2: Based on quarterly staff progress reports, 50% of participants will maintain or improve on three learning behaviors: (a) follows directions, (b) accepts responsibility for behavior, and (c) uses cooperation skills.

Behavioral Outcome #3: Based on pre and post tests, 80% of SMART program participants will show an increase in alcohol, tobacco, and other drugs knowledge.

Impact Outcomes: The long-term benefits of healthy learning behaviors and life skills will provide youth with the foundation to resist pressures toward substance abuse. By offering strong programming in prevention, youth participants will transform into resilient, engaged, and healthy community members.

E. Describe any coordination efforts your agency has made. Program strategy should involve a coordinated approach. Description should address how this particular program or service fits with other existing efforts to reduce fragmentation and duplication.

Boys & Girls Club is a leader in the community, not only in providing after school programming, but also in coordinating services to minimize duplication and fragmentation. The Boys & Girls Club has many community partners including the Lawrence Arts Center, Prairie Park Nature Center, Lawrence Parks and Recreation, DCCCA, who assists with prevention programming, Douglas County Extension and Lawrence Chamber of Commerce.

Boys & Girls Club of Lawrence is very fortunate to have a strong, collaborative relationship with the Lawrence Public School District. The neighborhood schools provide facilities, equipment and staff to support the after school programs.

Another strong collaborative partner is the United Way. Boys & Girls Club has partnered with the United Way for many years. In the past year the Club has been involved in planning and developing support that will assist in achieving the community goals that were assessed by the United Way. Boys & Girls Club and the United Way are working together to make a difference in the community by ensuring that students are prepared for school and are successful in school. Boys & Girls Club is providing academic supports through academic coordinators for the different sites, kits full of resources to engage students in academic lessons and helping to coordinate the services of other agencies to provide programming.

An independent contractor conducts ongoing program evaluations. Partnerships with several local businesses have been formed to increase fundraising and outreach activities. Volunteers for tutoring and mentoring come from the University of Kansas, Haskell Indian Nations University, and the Roger Hill Volunteer Center.

F. Describe how your agency is capable of implementing the proposed program. Based on agency history, management structure, and staffing pattern, does organization have capacity to implement the proposed program and achieve the desired outcomes?

Boys & Girls Club of Lawrence is capable of implementing this program. Our programming has evolved over time, and is shaped by participant feedback, evaluation outcomes, and best practices in the field. We have long maintained a rigorous schedule of meeting performance measures and tracking extensive data – behavior outcomes, attendance by individual student, educational outcomes, and demographic information. The former Executive Director and current grant consultant Janet Bremby has over 10 years of Boys & Girls Club experience and has managed grants for more than 20 years.

Boys & Girls Club sets high hiring standards, requiring that all staff pass extensive background checks and complete several hours of specific training. In addition, program managers are required to have bachelor’s degrees from accredited colleges or universities and at least three years of work experience in a Boys & Girls Club or similar organization. All site staff must have a minimum of 48 college hours and previous experience working with youth in an educational or recreational setting. The Club holds staff trainings on a monthly basis on a variety of issues from service learning to working with special needs children. Various community experts facilitate the trainings, including Lawrence Public School District personnel. Boys & Girls Club of Lawrence maintains high standards for financial management including accounting and auditing. Policy and procedures ensure accurate and complete oversight and reporting of all financial information, requiring monthly board approval and yearly audits.

G. Provide a detailed budget for the proposed program using the categories provided. The budget request for the program described should be reasonable and spelled out according to the categories below. Does the organization use funding creatively to get the most for the money, i.e. use of students, volunteers, in kind donations, leveraging of this funding to get other funding, etc.? Are long-term plans for program funding discussed – will this be an annual request for alcohol tax, is it expected to increase, decrease, etc.? Are other sources of funds used for the program? If so, are they described.

- Personnel(list each staff position individually and note if new or existing)
- Fringe Benefits
- Travel
- Office Space
- Supplies: office
- Supplies: other
- Equipment

Budget Alcohol Tax Request 2014	
Personnel- 80 group leaders (existing staff)	\$82,315
Fringe Benefits (figured at 14%)	\$11,524
Travel (transportation for participants)	\$3,970
Office Space	\$0
Supplies: Office	\$1,000
Supplies: Other	\$7,469

TOTAL	\$106,278
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The Boys & Girls Club total budget is \$3,306,270. We are requesting \$106,278 in City Alcohol Tax funds to support salary costs for after school and out-of-school programming at 14 Lawrence after school program sites. Currently we employ 120 staff and serve of 1,300 youth per day. Personnel costs (salaries, benefits, and payroll taxes) represent approximately 82% of our yearly organizational budget.

Funding from the city allows us to keep open all our sites, many of which are located in low-income areas of Lawrence. Furthermore, we do not turn youth away if they are not able to afford our programming fees; we provide scholarships so that every single child in Lawrence has equal access to our services. While Boys & Girls Club charges parents a fee for the service, 45% of the families are not able to pay full price for the program. The cost to run an after school program for one school year is approximately \$100,000 and it costs \$45,000 for a summer program. The fees alone do not cover the cost of running the program, therefore leaving a gap in funds to provide the service. The table below shows the amount of fees collected from two of the schools that have the highest number of economically disadvantaged students and the amount needed to make up the difference.

	Pinckney	Woodlawn
2011-2012 School year fees collected	\$45,908.70	\$33,724.45
Amount need to make up the different	\$54,091.30	\$66,275.55

In order to make up this gap Boys & Girls Club works hard to connect with a wide range of community stakeholders and funders who are invested in after school programming. We anticipate that there will be an annual request for Alcohol Tax funds to support after school programs. The amount of the request will vary according to the number of sites in operation and the availability of other funding.

The overall organization budget comes from a diverse range of sources.

Other Sources of Funding	
Funding Source	Amount
United Way	\$182,000
Office of Juvenile Prevention	\$120,600
School District	\$14,408
21 st Century Community Learning Centers	\$1,456,390
Federal/State/Local Grants	\$422,872
Fundraising	\$135,000
Program Fees	\$855,000
Contributions	\$20,000
Total Revenue	\$3,206,270



City of Lawrence

SECTION 3. LOGIC MODEL

Please complete the Logic Model below.

ASSESSMENT DATA	CITY COMMISSION GOAL(S)	PROGRAM GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<p>Risk Factors: Children without affordable after school programs are at higher risks for: academic failure, using drugs and alcohol, becoming crime victims, and/or perpetrating juvenile crimes and becoming teen parents. In Douglas County, 11.7% of youth reported binge drinking and 10% reported using other drugs.</p> <p>Protective Factors: 1) After school programs provide a safe haven and resource for at-risk youth. 2) Developing children's social competencies and behaviors enhance prevention efforts 3) Prevention curriculums help children resist risky behaviors including drug and alcohol use.</p>	<p>The City Commission Goal(s) related to the program.</p> <ul style="list-style-type: none"> • economic development – parents are able to work and invest their money in the Lawrence economy • neighborhood quality – students are in a safe place during dangerous times of the day therefore keeping neighborhoods safe and clean • service delivery- The Club strives for the highest quality staff and works to stay ahead of youth development trends 	<p>Our goal is to provide a high quality curriculum in which preventing substance abuse plays a major role.</p> <p>Our prevention objectives are to provide all our children and youth with the</p> <ol style="list-style-type: none"> 1) resources, 2) behaviors, and 3) life skills <p>necessary to prevent them from becoming victims of substance abuse</p>	<p>Target: All youth that need a safe place to spend after school and out-of-school hours, ages 5-15. With specific emphasis on low-income and at-risk Lawrence youth.</p>	<ol style="list-style-type: none"> 1) Provide a safe haven through after school programming, in order to help participants resist temptations, pressures, and opportunities for substance abuse. 2) Reinforce and reward successful learner behaviors that reinforce individual resources necessary to prevent substance abuse. 3) Provide SMART MOVES programming to educate young people to resist alcohol, tobacco and other drug use 4) Provide academic supports in the form of Power Hour, homework help, academic coordinators, staff training 	<ol style="list-style-type: none"> 1) During 2014, 3,000 youth (min. 1,200 per day) will receive after school programming at 14 sites, with transportation from an additional two elementary schools and four middle schools. These sites will provide 175 days of after school programming from 7:00am to 7:00pm and 54 out-of-school programming from 7:30am-6:00pm. 2) A minimum of 800 children ages 6-15 will receive life skills and prevention education through the SMART programs during 2014. 	<ol style="list-style-type: none"> 1) Based on participant yearly evaluations, a minimum of 90% of participants will report feeling safe in BGC programs, a measure that will reflect their daily connections with supportive adults. 2) Based on quarterly school staff progress reports, 50% of participants will maintain or improve on three learning behaviors: <ol style="list-style-type: none"> a) follows directions; b) accepts responsibility for behavior; and c) uses cooperation skills. 3) Based on pre and post tests, 80% of SMART program participants will show an increase in alcohol, tobacco and other drug knowledge. 	<p>Long after children age out of after school programs and leave their safe haven the long-term benefits of healthy learning behaviors and life skills will provide them with the foundation to resist pressures toward substance abuse.</p> <p>Through providing strong programming in prevention Boys & Girls Club of Lawrence will help Lawrence transform some of its youngest and most vulnerable citizens into resilient, engaged, and healthy community members.</p>



City of Lawrence

2014 SOCIAL SERVICE FUNDING APPLICATION – SPECIAL ALCOHOL

SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: DCCCA, Inc.

Name of Program for Which Funding is Requested: Lawrence Outpatient Treatment Services

Primary Contact Information (must be available by phone 5/15 and 5/22 from 2 p.m. to 6 p.m.)

Contact Name and Title: Lisa Carter, Program Coordinator

Address: 1739 E. 23rd Street, Lawrence, KS 66046

Telephone: 785-830-8238 Fax: 785-830-8246

Email: lcarter@dcca.org. Alternative contact/phone for 5/15 and 5/22: Sandra Dixon, Director Addiction Services; 785-840-5179

SECTION 2. REQUEST INFORMATION

The criteria for each application questions are explained below.

A. Amount of funds requested from the City for calendar year 2014.

Program should fit within one of the established categories.

Prevention \$	Intervention \$	Other \$
Treatment \$ 41,000	Coordination \$	

B. Provide a brief description of the program.

DCCCA has offered outpatient alcohol and drug abuse treatment services in Lawrence since 1974. While there are other organizations and practitioners in the city and surrounding area providing substance abuse treatment, our Lawrence Outpatient Treatment Program has maintained a commitment to serve citizens who are often the most disadvantaged. Individuals who are homeless, impoverished, struggling with mental illness in addition to their substance addiction, or who are experiencing legal consequences as a result of their addictive lifestyles are referred to, and successful in our treatment program.

City of Lawrence Special Alcohol Fund dollars will continue to support our primary outpatient treatment services through a new primary medical care integration initiative implemented in 2013. DCCCA is working collaboratively with Health Care Access Clinic, Bert Nash Community Mental Health Center, and Lawrence Memorial Hospital OB/GYN Clinic, offering onsite screening, brief intervention, and comprehensive assessment for patients presenting with alcohol and/or other drug use concerns. The federal Affordable Care Act and Kansas KanCare, the State's new Medicaid managed care system, focus medical services and funding on treating the whole person, not individual diseases. The Institute of Medicine concluded "that improving the nation's general health and resolving the quality problems of the overall health care system requires attending equally to the quality problems" of mental health and substance use health care.¹

The treatment interventions at Lawrence Outpatient are based on the National Institute on Drug Abuse (NIDA) best practices. Services are complimented by individual counseling, 12 Step support group attendance, service referrals for mental and physical health, and case management for housing, employment, parenting, and other assessed needs. Families, especially parents of adolescents, are offered education and counseling to help them understand the impact of their loved ones' substance use on their lives.

Screening and Brief Intervention – DCCCA utilizes Screening, Brief Intervention and Referral to Treatment (SBIRT) in the primary medical care and mental health organizations with whom we are collaborating. SBIRT is an evidenced based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and other drugs. Designed for individuals whose substance use has not yet advanced to the level of needing a comprehensive assessment

¹ Open Society Institute, "Unforeseen Benefits: Addiction Treatment Reduces Health Care Costs," www.treatmentgap.org

and/or formal treatment, SBIRT's brief intervention offers feedback to a patient about the impact of his or her substance use on acute or chronic health conditions that may be present.

Drug and Alcohol Evaluations – All substance use disorder treatment options begin with a comprehensive assessment of a potential client's strengths and needs. The assessment results in a diagnosis (when indicated) using criteria established by the Diagnostic and Statistical Manual, Fourth Edition (DSM-IV), and a recommended treatment level based on the American Society of Addiction Medicine (ASAM) criteria. Lawrence Outpatient also provides court ordered evaluations for individuals who have been charged with Driving Under the Influence, Minor in Possession, or other criminal charges.

Alcohol and Drug Information School – Individuals who have obtained their first DUI or Minor in Possession charge attend this eight hour course.

Outpatient Group – Group treatment interventions are intended for those adults who are abusing substances but may not meet DSM-IV criteria for being substance dependent. Evening groups are offered in one or two hour blocks of time.

Intensive Outpatient Treatment – Intended as an alternative to residential treatment, IOT is designed for individuals who are assessed as chemically dependent. Groups meet three hours a day, three days a week.

Aftercare – Aftercare groups offer a relapse prevention focus and support for individuals who have completed intensive outpatient or residential treatment. Groups meet two hours weekly.

Individuals who successfully complete treatment at Lawrence Outpatient re-engage in the Lawrence community as productive citizens. Our efforts toward accessing employment, or maintaining their current job, while in treatment positively impacts the City's Economic Development. Their role as ambassadors for healthy, recovery oriented living supports progressive Community Building.

C. Provide a brief description of how the need for this program was determined.

Alcohol and drug misuse and addiction are pervasive in the United States and our community. Data from multiple sources proves their impact on individuals, families and the community at large, and suggests a continuing need for screening, assessment and treatment.

Healthcare – Addiction contributes directly to many medical conditions. Heavy drinking, for example, contributes to illness in each of the top three causes of death: heart disease, cancer and stroke.²

Emergency Room Visits/Costs – Lawrence Memorial Hospital reported over 1700 ER visits due to alcohol as a primary or secondary diagnosis in 2010. Hospital care for these individuals, much of which is uncompensated, cost \$9.1 million.³

Uninsured – 17.7% of Douglas County adults under the age of 65 reported not having health insurance in 2010⁴. Our community had a higher rate of uninsured adults than the state of Kansas and United States. Uninsured people are less likely to receive medical care, more likely to die early, and more likely to have poor health outcomes.

Alcohol and Drug Use in our Community – In 2010, 23.5% of Douglas County adults reported binge drinking on at least one occasion in a recent 30 day period.⁵ Binge drinking, defined as 5 or more drinks for men and 4 or more for women in day, is a risk factor for alcohol poisoning, hypertension, fetal alcohol syndrome, suicide, and motor vehicle crashes. The 2012 Kansas Communities That Care Survey reported that 26.3% of children reported at least one adult in their family had a severe alcohol or drug problem. The Survey further indicated that Douglas County has a higher rate of alcohol related arrests than Kansas as a state.⁶

Positive Impact of Screening, Intervention and Treatment – Individuals who received screening and brief intervention (SBIRT) in primary care settings experienced 20% fewer emergency room visits, 33% fewer nonfatal injuries, 37% fewer hospitalizations, 46% fewer arrests, and 50% fewer motor vehicle crashes.⁷

DCCCA provided assessment and treatment services to 500 individuals in the most recent 12 months, with 77% of them residing within the city limits. Fifty-five percent of those served met federal poverty guidelines for state subsidized

² Open Society Institute, "Unforeseen Benefits: Addiction Treatment Reduces Health Care Costs," www.treatmentgap.org

³ Lawrence Memorial Hospital, Community Education Department

⁴ Lawrence Douglas County Health Department, Community Health Report, 2012

⁵ ibid

⁶ Kansas Communities That Care Data, www.ctcdata.org, 2012

⁷ Substance Abuse and Mental Health Services Administration, Center for Integrated Health Solutions, 2012

treatment. Federal and state treatment dollars continue to decline each year, while the number of eligible clients continues to rise. Targeting City of Lawrence dollars for screening, brief intervention and assessment services in community settings is an attempt to identify substance misuse early, prior to escalating to more costly treatment and social costs.

D. Describe the desired outcomes of this program (see Logic Model).

DCCCA's primary goal is to reduce the personal, familial and social cost of addiction by intervening with the most appropriate intervention necessary at the time. The investment of the City's Special Alcohol Fund will result in decreased tax dollar expenditures in other systems, such as health care, criminal justice and public assistance. Positive health outcomes and economic productivity will be experienced by individuals served. The following outcomes measure improvement in lifestyles of individuals who complete treatment. They are based on the National Outcome Measures as defined by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Data is gathered and reported using the Kansas Client Placement Criteria, an electronic data system required by the Kansas Department on Aging and Disability Services.

1. 90% of individuals will report a decrease in alcohol use at service completion
2. 90% of participants will report a decrease in drug use at service completion
3. 85% of adult participants will have safe, supportive living conditions
4. 75% of adult participants will be employed at service completion
5. 50% of participants will successfully complete services, as defined by meeting goals and objectives on their service plan.

The most recent twelve month data set for FY2012 indicates DCCCA's treatment approach has a positive individual and community impact.

- 96% of individuals who completed treatment no longer drank alcohol (target: 90%)
- 94% of individuals who completed treatment no longer used drugs (target: 90%)
- 100% of individuals who completed treatment had safe and stable housing (target: 85%)
- 65% of individuals who completed treatment were employed (target: 75%)
- 60% of individuals remained actively involved until treatment plan completion (target: 50%)

Meaningful employment remains a challenging objective in this economic environment, particularly for those who have a history of homelessness, chronic illness, poverty and limited education. A higher percentage of treatment clients obtained employment in FY2012 (65%), however, compared to FY2011 (43%). Treatment plan completion performance is based on those clients who met their treatment plan goals and no longer needed treatment, as well as those who met the maximum benefit of an outpatient setting and required a higher level of intervention.

E. Describe any coordination efforts your agency has made.

DCCCA's successful treatment intervention with adults and adolescents at Lawrence Outpatient is contingent on our ability to effectively address their holistic needs through effective community collaboration. Program staff link treatment clients with Health Care Access Clinic, Douglas County Health Department, local primary care physicians, Douglas County Aids Project and Douglas County Dental Clinic for physical health care needs. The Lawrence/Douglas County Housing Authority and Lawrence Workforce Center provide access to affordable housing and employment opportunities. Clients with co-occurring mental health needs are seen at Bert Nash Community Mental Health Center. The Willow Domestic Violence Center and GaDuGi are resources for female clients who are victims of domestic violence and sexual assault. Staff providing adolescent services collaborate closely with The Shelter, Inc., O'Connell Youth Ranch, and KVC Behavioral Health Care. Women who participated in residential substance abuse treatment at DCCCA's First Step at Lake View may continue their treatment at Lawrence Outpatient upon re-entry into the community.

DCCCA actively participates in community collaboration initiatives designed to identify and seek resolution to service gaps. The past year, in particular, has focused on initiatives targeting Lawrence's uninsured and more cost effective and efficient healthcare integration. Our work at Hope House, a housing program of the Lawrence Douglas County Housing Authority, provides consultation, assessment and treatment access for previously homeless adults with co-occurring substance use and mental health disorders. Providing licensed addiction counselors on site at Bert Nash Community Mental Health Center and Health Care Access Clinic facilitates timely access to substance use disorder screening, assessment and treatment in a shared location and improves service coordination.

F. Describe how your agency is capable of implementing the proposed program.

DCCCA is a Lawrence based non-profit organization that has provided substance abuse treatment services for adults and adolescents for over 35 years. Our active, entrepreneurial Board of Directors and leadership staff have created an array of human services that focus on quality, efficiency, and positive outcomes for customers. DCCCA's management

practices and proactive planning have given confidence to various funders that we are good financial stewards and can withstand changing economic conditions.

Lawrence Outpatient Treatment Services is licensed by the Kansas Department of Aging and Disability Services, nationally accredited by the Council on Accreditation, and is a contracted provider with Value Options of Kansas, United Health Care/Optum (Medicaid), Sunflower State Health Plan/Cenpatico (Medicaid), Amerigroup Kansas (Medicaid), the Kansas Sentencing Commission, United States Probation and Parole, Blue Cross Blue Shield of Kansas, and multiple insurance companies. Program staff are Licensed Addiction Counselors or Licensed Clinical Addiction Counselors, and many hold additional professional licenses as social workers or counselors, issued by the Behavioral Sciences Regulatory Board.

DCCCA has been strategic in its efforts to expand our historical revenue streams (public dollars) and client population. Building a staff team that can receive third party insurance reimbursement, achieving national accreditation, and reducing wait times for treatment were intended to make our Lawrence treatment programs more attractive to managed care companies. We have been successful in joining managed care provider panels, and continue efforts to expand the list of payers who will purchase our services. While we are confident that our revenue will diversify through these efforts over time, we will not lose sight of our mission to help those who otherwise could not receive needed treatment. Our yearlong planning efforts with primary medical care and mental health providers reflects our investment in doing business differently, improving health outcomes for all populations but especially the uninsured, and reducing the overall cost of substance use and addiction in our community. Public dollars from federal, state, county and city partners are necessary to ensure vulnerable community residents are served in the most appropriate setting to meet their needs.

G. Provide a detailed budget for the proposed program using the categories provided.

Lawrence Outpatient Treatment Services has multiple funding streams, most with strict eligibility requirements for client admission in order to access those funds. Supplemental funding is received through contributions, the Lawrence Housing Authority, client fees and insurance reimbursement.

In addition to paid staff, Lawrence Outpatient is a training site for The University of Kansas, Washburn University and Addiction Counselor interns.

The following data reflects revenue from each primary funding source for the nine month time period of July 1, 2012 through March 31, 2013 and their eligibility requirements:

Kansas Dept. of Aging and Disability Services (client must have income at 200% of federal poverty level)	\$118,309
Medicaid (client has Medicaid 19 insurance coverage)	\$ 28,083
Kansas Sentencing Commission (SB123 and SB6)	\$ 17,341
Supplemental funding	\$ 36,541
Private Pay/Insurance	\$ 25,563
Alcohol Tax Fund (City of Lawrence)	\$ 30,750
Douglas County Special Liquor Tax	\$ 12,823
Federal Probation and Parole (referred by Federal corrections)	\$ 6,469
Contributions and miscellaneous	\$ 889

DCCCA's Lawrence Outpatient Treatment Services is an annual recipient of Special Alcohol Funds, with dollars focused on increasing our ability to serve low income adults and adolescents who do not meet the criteria of our primary funding sources. Without the City's support, these individuals would be unable to access substance abuse treatment services. DCCCA's annual funding request has been constant throughout the years, even though program expenses have increased.

For 2014, Special Alcohol Funds will be used to fund a .70 FTE Addiction Counselor, based on the following budget figures. This Counselor will offer screening, brief intervention and substance use disorder assessment in community settings, in addition to treatment interventions at Lawrence Outpatient Treatment Services. Costs related to travel, office space, supplies and equipment will be reimbursed through other funding streams.

Personnel	\$31,538
(.70 FTE Counselor – existing staff)	
Fringe Benefits	9,462
(30% of salary)	
Total Request	\$41,000



City of Lawrence

SECTION 3. LOGIC MODEL

Please complete the Logic Model below.

ASSESSMENT DATA	CITY COMMISSION GOAL(S)	PROGRAM GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<p>23.5% of adult residents report binge drinking on at least one occasion in a recent 30 day period.</p> <p>26.3% of children in Douglas County reported at least one adult in their family had a severe alcohol or drug problem.</p> <p>Heavy drinking contributes to illness in each of the top three causes of death: heart disease, cancer and stroke.</p> <p>ER visits related to substance use cost our community \$9.1 million in 2010.</p>	<p>The City Commission Goal(s) related to the program.</p> <ul style="list-style-type: none"> • economic development • community building 	<p>Treatment at Lawrence Outpatient will reduce the personal, familial and social cost of addiction by interceding with the most appropriate intervention necessary.</p> <p>Funds provided by the Special Alcohol Fund will increase the number of low income adults and adolescents who can access treatment.</p>	<p>Adults and adolescents in Lawrence who abuse alcohol or other drugs, or are chemically addicted.</p>	<p>Brief screening and intervention services</p> <p>Comprehensive substance use disorder assessment</p> <p>Alcohol/Drug Information School</p> <p><u>Level 1 Outpatient</u> -Education -Individual, Group or Family Counseling -Relapse Prevention -Case Management -Aftercare</p> <p><u>Level II Outpatient</u> -Intensive treatment 9 hours weekly</p>	<p>DCCCA will provide services to 550 individuals during CY2014.</p>	<p>90% will report a decrease in alcohol use at program completion</p> <p>90% will report a decrease in drug use at program completion</p> <p>85% of adults will have safe, supportive living conditions</p> <p>75% of adults will be employed</p> <p>50% will successfully complete treatment, as defined by accomplishing the goals and objectives on their service plan</p>	<p>By the end of the program, 100% of participants will have decreased alcohol and/or drug use; adults will have attained meaningful employment and/or increased their education level when appropriate; adolescents will have increased their educational level; adults and adolescents will live in safe and stable housing; and all will have access to quality, affordable medical care that sustains their recovery.</p>



City of Lawrence

2014 SOCIAL SERVICE FUNDING APPLICATION – SPECIAL ALCOHOL

SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: DCCCA, Inc.

Name of Program for Which Funding is Requested: First Step at Lake View

Primary Contact Information (must be available by phone 5/15 and 5/22 from 2 p.m. to 6 p.m.)

Contact Name and Title: Lisa Carter, Program Coordinator

Address: 3015 W. 31st Street, Lawrence, KS 66047

Telephone: 785-843-9262, ext. 223 Fax: 785-843-9264

Email: lcarter@dcca.org. Alternative contact/phone for 5/15 and 5/22: Sandra Dixon, Director Addiction Services; 785-840-5179

SECTION 2. REQUEST INFORMATION

The criteria for each application questions are explained below.

A. Amount of funds requested from the City for calendar year 2014.

Program should fit within one of the established categories.

Prevention \$	Intervention \$	Other \$
Treatment \$ 27,661	Coordination \$	

B. Provide a brief description of the program.

First Step at Lake View, a program of DCCCA, Inc., is one of only seven treatment programs in Kansas, and the only one in Northeast Kansas, that specializes in services for pregnant women and women with children. First Step offers a continuum of alcohol and drug treatment specifically designed to meet women's unique needs. Women requiring a stable environment to detox from alcohol or other intoxicating substances are monitored in our non-medical detoxification unit for one to two days, while staff assess their ongoing treatment needs. Our intensive, short term residential program provides 40 hours weekly of therapeutic and structured activities. Typically lasting 14 to 21 days, residential treatment is intended for women whose substance use disorder is so severe they are unable to effectively achieve sobriety and work on their new recovery in an outpatient setting. The Intensive Outpatient Treatment with Supportive Housing option offers 15 hours of clinical services weekly over a six week average time period. Women participating in this service typically lack safe housing and, with the assistance of our staff, build financial resources needed to access a new living environment prior to their treatment completion. Interventions in each of our service options focus on a woman's individual challenges, using proven, evidenced based strategies including Motivational Interviewing, Cognitive Behavioral therapy and Twelve Step programs.

Women's treatment needs extend beyond abstaining from alcohol and drug use, and First Step's expanded service components help reduce barriers to long term recovery. Children age 12 years and younger can stay with their mothers while in treatment, attending school or the program's licensed child care center during the day. Pregnant women participate in extensive well-baby services, often returning to First Step after the baby is born to continue their recovery journey. Parenting skills training, health and wellness services, family therapy, case management support to access employment and housing, and referrals for domestic violence intervention are just a few of the unique offerings.

Women who successfully complete treatment at First Step reintegrate into the Lawrence community as productive citizens. The employment they obtain while in treatment positively impacts the City's Economic Development and their role as ambassadors for healthy, recovery oriented living supports progressive Community Building.

C. Provide a brief description of how the need for this program was determined.

Alcohol and drug misuse and addiction are pervasive in the United States and our community. Data from multiple sources proves their impact on individuals, families and the community at large, and suggests a continuing need for screening, assessment and treatment.

Women and Children – Women who abuse substances have a higher likelihood than non-substance abusing women of experiencing poverty, unemployment, childhood sexual and physical abuse, domestic violence, and mental illness. Substance use during pregnancy can cause poor pregnancy outcomes and early childhood behavioral and developmental problems.¹

Healthcare – Addiction contributes directly to many medical conditions. Heavy drinking, for example, contributes to illness in each of the top three causes of death: heart disease, cancer and stroke.²

Emergency Room Visits/Costs – Lawrence Memorial Hospital reported over 1700 ER visits due to alcohol as a primary or secondary diagnosis in 2010. Hospital care for these individuals, much of which is uncompensated, cost \$9.1 million.³

Uninsured – 17.7% of Douglas County adults under the age of 65 reported not having health insurance in 2010⁴. Our community had a higher rate of uninsured adults than the state of Kansas and United States. Uninsured people are less likely to receive medical care, more likely to die early, and more likely to have poor health outcomes.

Homelessness – Women comprised 35% of the homeless individuals who sought treatment in FY2012.⁵

Alcohol and Drug Use in our Community – In 2010, 23.5% of Douglas County adults reported binge drinking on at least one occasion in a recent 30 day period.⁶ Binge drinking, defined as 4 or more drinks for women in a day, is a risk for factor for alcohol poisoning, hypertension, fetal alcohol syndrome, suicide, and motor vehicle crashes. The 2012 Kansas Communities That Care Survey reported that 26.3% of children reported at least one adult in their family had a severe alcohol or drug problem. The Survey further indicated that Douglas County has a higher rate of alcohol related arrests than Kansas as a state.⁷

Healthcare Benefits of Addiction Treatment – Regular health and addictions care for people with substance use disorders can decrease hospitalizations by up to 30%. Two or more primary medical care visits has shown to improve abstinence from substances by 50%, and those in recovery who have other medical conditions are three times more likely to achieve remission of those disorders over five years.⁸

DCCCA's First Step at Lake View location provided treatment services to 475 women and 47 children in the most recent 12 months. Sixty-eight percent of those served met federal poverty guidelines for state subsidized treatment. Federal and state treatment dollars continue to decline each year, while the number of eligible women continues to rise as evidenced by a 59% increase in the numbers served from prior years. City of Lawrence dollars will support our continued efforts to serve those low income women, and their children, who have no other resource to access treatment.

D. Describe the desired outcomes of this program (see Logic Model).

DCCCA's primary goal is to reduce the personal, familial and social cost of addiction by intervening with the most appropriate intervention necessary at the time. The investment of the City's Special Alcohol Fund will result in decreased tax dollar expenditures in other systems, such as health care, criminal justice, foster care and public assistance. Positive health outcomes and economic productivity will be experienced by individuals served. The following outcomes measure improvement in lifestyles of individuals who complete treatment. They are based on the National Outcome Measures as defined by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Data is gathered and reported using the Kansas Client Placement Criteria, an electronic data system required by the Kansas Department on Aging and Disability Services.

1. 90% of women will report a decrease in alcohol use at service completion
2. 90% of women will report a decrease in drug use at service completion
3. 80% of women and women with children will have safe, supportive living conditions
4. 75% of women will be employed at service completion

¹ National Survey on Drug Use and Health, "Substance Use Among Women During Pregnancy and Following Childbirth," 2009.

² Open Society Institute, "Unforeseen Benefits: Addiction Treatment Reduces Health Care Costs," www.treatmentgap.org

³ Lawrence Memorial Hospital, Community Education Department

⁴ Lawrence Douglas County Health Department, Community Health Report, 2012

⁵ Kansas Department of Aging and Disability Services, Substance Abuse Treatment Admission Data, FY2012

⁶ Lawrence Douglas County Health Department, Community Health Report, 2012

⁷ Kansas Communities That Care Data, www.ctcdata.org, 2012

⁸ SAMHSA Center for Integrated Health Solutions, "Innovations in Addictions Treatment: Addiction Treatment Providers Working with Integrated Primary Care Services," May, 2013

5. 50% of women will successfully complete services, as defined by meeting goals and objectives on their service plan.

The most recent twelve month data set for FY2012 indicates DCCCA's treatment approach has a positive individual and community impact.

- 91% of women who completed treatment no longer drank alcohol (target: 90%)
- 77% of women who completed treatment no longer used drugs (target: 90%)
- 98% of women who completed treatment had safe and stable housing (target: 80%)
- 41% of women who completed treatment were employed (target: 75%)
- 61% of women successfully completed treatment at First Step (no target identified in FY2011)

Meaningful employment remains a challenging objective in this economic environment, particularly for those who have a history of homelessness, chronic illness, poverty and limited education. A higher percentage of treatment clients obtained employment in FY2012 (41%), however, compared to FY2011 (12%). Abstinence outcomes also improved from the prior year, with 91% no longer drinking compared to 81% in FY2011 and 77% not using other drugs compared to 65%.

E. Describe any coordination efforts your agency has made.

DCCCA's successful treatment intervention with women and their children is contingent on our ability to effectively address their holistic needs through effective community collaboration. Program staff link treatment clients with Health Care Access Clinic, Douglas County Health Department, local primary care physicians, Douglas County Aids Project and Douglas County Dental Clinic for physical health care needs. The Lawrence/Douglas County Housing Authority and Lawrence Workforce Center provide access to affordable housing and employment opportunities. Women who need ongoing outpatient substance use disorder treatment often continue their treatment at Lawrence Outpatient upon re-entry into the community.

DCCCA actively participates in community collaboration initiatives designed to identify and seek resolution to service gaps. The past year, in particular, has focused on initiatives targeting Lawrence's uninsured and more cost effective and efficient service integration.

Domestic violence and sexual assault – DCCCA entered into a Memo of Understanding with Willow Domestic Violence Center and GaDuGi in 2012. The partnership focuses on communication among agencies regarding shared clients, as well as drawing upon the expertise of each organization to avoid service duplication. More recent efforts target reducing access barriers for women in any of the three programs, by offering screening and assessment in their location.

Healthcare – DCCCA and Health Care Access Clinic have initiated a formal working relationship that provides substance use disorder screening and assessment for uninsured patients at HCAC, as well as ongoing primary medical care for uninsured women and children during and beyond their First Step stay. DCCCA has also entered into a formal working agreement with Lawrence Memorial Hospital, offering substance use disorder screening and assessment for pregnant and post-partum women at Lawrence OBGYN Specialists. These integration initiatives reduce access barriers for both addiction and health care interventions, and support coordinated care for improved health care outcomes.

Mental Health – Bert Nash Community Mental Health Center offers a standing weekly appointment for First Step clients, allowing them timely access to psychiatric screening. In return, DCCCA provides five hours of screening and assessment at Bert Nash weekly which facilitates coordinated service delivery for women with co-occurring mental health and substance use disorders. Finally, our agreement with Health Care Access Clinic includes a DCCCA behavioral health professional housed at HCAC, facilitating outpatient mental health services for uninsured women.

F. Describe how your agency is capable of implementing the proposed program.

DCCCA is a Lawrence based non-profit organization that has offered substance abuse treatment services for adults and adolescents for over 35 years. We serve, on average, 450 Kansans every day in our five Kansas locations. Our active, entrepreneurial Board of Directors and leadership staff have created an array of human services that focus on quality, efficiency, and positive outcomes for customers. DCCCA's management practices and proactive planning have given confidence to various funders that we are good financial stewards and can withstand changing economic conditions.

First Step at Lake View is licensed by the Kansas Department of Aging and Disability Services, nationally accredited by the Council on Accreditation, and is a contracted provider with Value Options of Kansas, United Health Care/Optum (Medicaid), Sunflower State Health Plan/Cenpatico (Medicaid), Amerigroup Kansas (Medicaid), the Kansas Sentencing Commission, Blue Cross Blue Shield of Kansas, and multiple insurance companies. Program staff are Licensed Addiction

Counselors or Licensed Clinical Addiction Counselors, and many hold additional professional licenses as social workers or counselors, issued by the Behavioral Sciences Regulatory Board.

DCCCA has been strategic in its efforts to expand our historical revenue streams (public dollars) and client population. Building a staff team that can receive third party insurance reimbursement, achieving national accreditation, and reducing wait times for treatment were intended to make our Lawrence treatment programs more attractive to managed care companies. We have been successful in joining managed care provider panels, and continue efforts to expand the list of payers who will purchase our services. While we are confident that our revenue will diversify through these efforts over time, we will not lose sight of our mission to help those who otherwise could not receive needed treatment. Our yearlong planning efforts with primary medical care and mental health providers reflects our investment in doing business differently, improving health outcomes for all populations but especially the uninsured, and reducing the overall cost of substance use and addiction in our community. Public dollars from federal, state, county and city partners are necessary to ensure vulnerable community residents are served in the most appropriate setting to meet their needs.

G. Provide a detailed budget for the proposed program using the categories provided.

First Step at Lake View has multiple funding streams, most with strict eligibility requirements for client admission in order to access those funds. Supplemental funding is received through Kansas Department for Children and Families public assistance benefits (food stamps and child care), food commodities, donations, and client fees.

In addition to paid staff, First Step is a training site for the University of Kansas, Washburn University, Emporia State University and other regional colleges. Students at the bachelor and master's level receive valuable professional experience while providing direct services under approved supervision. Community volunteers from the Lawrence Art Center, churches and other local groups coordinate structured leisure and recreational activities, including a weekly yoga group, tending the facility garden, and welcoming the women and their children in their faith communities.

The following data reflects revenue from each primary funding source for the nine month time period of July 1, 2012 through March 31, 2013 and their eligibility requirements:

Kansas Dept. of Aging and Disability Services (Client must have income at 200% of federal poverty level)	\$509,785
Medicaid (client has Medicaid 19 insurance coverage)	\$258,932
Senate Bill 123 (client is referred by the Kansas Sentencing Commission)	\$118,900
Supplemental funding	\$ 35,019
Private Pay/Insurance	\$ 25,563
Alcohol Tax Fund (City of Lawrence)	\$ 20,745
Contributions and miscellaneous	\$ 3,241

DCCCA's First Step at Lake View program is an annual recipient of Special Alcohol Funds, with dollars focused on increasing our ability to serve low income women and children who do not meet the criteria of our primary funding sources. Without the City's support, these families would be unable to access substance abuse treatment services. DCCCA's annual request for these dollars has remained constant throughout the years, even while program costs have increased.

For 2014, Alcohol Tax Funds will be used to fund a .6 FTE Substance Abuse Counselor, based on the following budget figures. Costs related to travel, office space, supplies and equipment will be reimbursed through other funding streams.

Personnel (.6 FTE Counselor – existing staff)	\$21,278
Fringe Benefits (30% of salary)	6,383
Total Request	\$27,661



City of Lawrence

SECTION 3. LOGIC MODEL

Please complete the Logic Model below.

ASSESSMENT DATA	CITY COMMISSION GOAL(S)	PROGRAM GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<p>Substance abusing women are at higher risk than non-substance abusing women for poverty, unemployment, and domestic violence.</p> <p>Children of substance abusing women are at higher risk of experiencing developmental delays, child maltreatment and removal to foster care.</p> <p>Individuals living with substance use disorders more frequently have co-occurring chronic medical conditions.</p>	<p>The City Commission Goal(s) related to the program.</p> <ul style="list-style-type: none"> • economic development • community building 	<p>Treatment at First Step at Lake View will reduce the personal, familial and social cost of addiction by interceding with the most appropriate intervention necessary, at the time.</p> <p>Funds provided by the City of Lawrence Special Alcohol Fund will increase the number of low income women who can access treatment.</p>	<p>Substance abusing/ dependent women;</p> <p>Substance abusing/ dependent women with children;</p> <p>Substance abusing/ dependent pregnant women.</p>	<p>Non-medical detox, intensive residential and intensive outpatient treatment with supportive housing. Service components include:</p> <p>Education groups Group therapy Individual therapy Family therapy Licensed childcare Parenting skills 12 step groups Aftercare</p> <p>Case management for: Housing Employment Medical Dental Mental Health Domestic violence Outpatient treatment</p>	<p>First Step at Lake View will provide services to at least 350 women and 50 children in calendar year 2014.</p>	<p>90% will report a decrease in alcohol use at service completion</p> <p>90% will report a decrease in drug use at service completion</p> <p>80% will have safe, supportive living conditions at service completion</p> <p>75% will be employed at service completion</p> <p>50% will successfully complete treatment, as defined by achieving goals and objectives identified on their service plan</p>	<p>By the end of the program, 100% of women will have gained meaningful employment and/or be engaged in activities that allow them to be self-sufficient; will be engaged in supportive relationships; will have access to quality medical care that sustains their healthy lifestyle; and will have safe, stable housing that ensures ongoing recovery for themselves and their children.</p>



2014 SOCIAL SERVICE FUNDING APPLICATION – SPECIAL ALCOHOL

SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: GaDuGi SafeCenter

Name of Program for Which Funding is Requested: SafeBar Alliance

Primary Contact Information (must be available by phone 5/15 and 5/22 from 2 p.m. to 6 p.m.)

Contact Name and Title: Chrissy Heikkila, Associate Director

Address: 2518 Ridge Ct. Lawrence, KS 66046

Telephone: 785-843-8985 CELL: 785-424-4832 Fax: 785-843-3728

Email: Chrissy@gadugisafecenter.org

SECTION 2. REQUEST INFORMATION

The criteria for each application questions are explained below.

A. Amount of funds requested from the City for calendar year 2014.

Program should fit within one of the established categories.

Prevention	\$2500	Intervention	\$	Coordination	\$
Treatment	\$			Other	\$

B. Provide a brief description of the program. Summary of program should be clear and concise. Is Program related to one or more of the City Commission Goals? Is program based on proven effective strategies or “promising approaches?” Description should address program is designed to have long-term effects on a person’s decisions about alcohol and other drug use. When how appropriate, program design takes into account the person’s family and/or community.

The SafeBar Alliance goal is to “create working partnerships and dialogue about the correlation between alcohol use and sexual assault in our community”. The main purpose of the SafeBar Alliance is to give our community the tools to intervene and to harness the compassion to not tolerate predatory behavior; making bars a safer environment for patrons and staff. Often times, bar staff and fellow bar patrons witness alarming behaviors and have the ability to step into situations that can prevent sexual assaults. The Alliance aims to work with the community and educate bars and patrons about the correlation between alcohol and sexual assault through awareness education, legal rights and responsibilities training, community resources and referrals. This social-norms campaign focuses on trainings for noticing perpetrator and victim red flags as well as bystander behavior in situations such as when a person is intoxicated and lacks the ability to make sound judgments or displays aggressive behaviors. Not every rape can be prevented and not drinking is not the answer, but there are ways to work together as a community to prevent sexual assaults. A SafeBar attends meetings, trains staff, and displays materials. In return, the bar is safer, has knowledgeable and empowered staff, awareness materials, support, and endorsement as a SafeBar.

The SafeBar Alliance initiative is “Lawrence Proud”. The program was developed in Lawrence, the materials celebrate Lawrence culture and values, and the is one of the first in the nation of its kind. This project relates to

two of the City Commission's goals: Community Building and Downtown Development. SafeBar Alliance aims to maintain an imperative social campaign to prevent sexual assaults within our community. Sexual assaults will not be tolerated in our community. By making our bars safer (many of which are downtown), Downtown Lawrence will continue to thrive and prosper, while maintaining its significance to our community.

C. Provide a brief description of how the need for this program was determined.

The need for the program should be clearly established and outlined. When appropriate, the context of other services available, or the lack thereof, should be provided. Statistical data that supports community need should be provided.

The Centers for Disease Control and Prevention (CDC) has identified rape and sexual assault as an "injury" and further describes sexual violence as a public health problem. Studies suggest that alcohol and/or drugs play a part in as many as 90% of sexual assaults (www.rainn.org). Research shows that perpetrators encourage their target to drink to excess because they know intoxication increases people's vulnerability. At least 80% of college students who had unwanted sex were under the influence of alcohol. (Core Alcohol and Drug Survey. Core Institute, University of Southern Illinois. 2003.) In 2012, Lawrence Memorial Hospital saw 69 patients who presented in the Emergency Room after a sexual assault. In 2012, The Lawrence Kansas Police Department had a total of 135 sex related crimes and GaDuGi SafeCenter served 339 individuals who were affected by sexual violence during that same time period. It is important to note that these numbers are what have been reported. Statistics show that 54% of assaults are not reported(www.rainn.org), this can be due to the fact that victims often are left with an overwhelming sense of self-blame and guilt if they have been drinking prior to an assault. Everyone has a right to drink responsibly and not have to worry about the possibility of sexual violence and the aftermath of the assault.

This initiative, SafeBar Alliance, was created in response to the information above and GaDuGi SafeCenter receiving feedback from local bar bouncers, bartenders and owners about incidents that they have observed of "troubling interactions" between consumers correlated to using alcohol to inhibit their targets. The SafeBar Alliance will lead to safer, more empowered-to-act community members. The Lawrence community becomes healthier and safer through strengthening the network of relationships (social capital), increasing knowledge and awareness of the impact of bystander behavior, and the aftermath of sexual violence and providing on-going continuing education and outreach. There currently are no other initiatives with the same goals as SafeBar Alliance in our service area.

D. Describe the desired outcomes of this program (see Logic Model). At least one Process, one Behavioral and one Impact Outcome must be included and clearly outlined on Logic Model. Outcomes must be measured by an identified evaluation tool. Does agency show adequate progress towards achieving their targeted outcomes if previously funded.

SEE SECTION 3: LOGIC MODEL

E. Describe any coordination efforts your agency has made. Program strategy should involve a coordinated approach. Description should address how this particular program or service fits with other existing efforts to reduce fragmentation and duplication.

The success of SafeBar Alliance has been built on collaboration and coordination of community partnerships and resources. Collaborative community partners include: The Office of the District Attorney Charles Branson (Assistant District Attorney's Amy McGowan and Mark Simpson); Lawrence Kansas Police Department (Sgt. Trent McKinley); Office of KU Student Success (Vice Provost Frank DeSalvo and the "KU's the Buddy System"); SafeRide and SafeBus (Danny Kaiser, Director of KU Transportation); local university Internships, and consumers. It's important that an array of community members routinely work together, in order to ensure success of this program. Each community partnership is imperative for success, from the legal aspects to the

law enforcement aspects to the public transportation aspects, etc. All of the community partners have the same goal of keeping Lawrence safe. We all contribute a different piece of the puzzle and by combining our efforts we are creating a unique approach to combat alcohol-related sexual violence.

The current Alliance has 13 members. The bar establishments involved in the Alliance are as follows: Abe and Jake's Landing, Dynamite Saloon, The Granada, Jackpot Saloon, Louise's Downtown, Phoggy Dog, The Ranch, Replay Lounge, The Sandbar, Tonic, Mass St. Pub, The Hawk, Louise's West. Recently, there has been a push to recruit more bars and offer refresher trainings for current Alliance members. It's important for all bars to be provided with updated information and tips regularly. In conversations with current bar owners/partners, the expectation is that more alcohol-related businesses will want to participate in this effort to increase safety of patrons, as well as for the marketing aspects of the campaign. Consumers also have an active role in the campaign through the use of promotional materials such as matchbooks, coasters, posters, and other articles received regarding information and awareness about rape and sexual assault safety and prevention. As this campaign becomes more successful over time, we will continue to branch out to include more bars in our service area as allies.

F. Describe how your agency is capable of implementing the proposed program. Based on agency history, management structure, and staffing pattern, does organization have capacity to implement the proposed program and achieve the desired outcomes?

The agency has implemented assigned staff and internships to further all aspects of the program. Chrissy Heikkila, Associate Director/Director of Community Education, currently has oversight of this program. The success of the SafeBar Alliance is heavily dependent on college interns from KU, Haskell Indian Nations University and Baker University. Chrissy Heikkila with support of interns are responsible for recruiting establishments, ordering and distributing promotional materials, and promoting the program whenever possible (community events, social media etc.). Trainings with bar staff are provided with GaDuGi SafeCenter staff along with available collaborative partners of the SafeBar Alliance to ensure all aspects of patron safety is addressed.

Since 1972, GaDuGi SafeCenter (formerly Douglas County Rape Victim Support Services) has been the sole provider of sexual violence support services for Douglas and Jefferson County. For the past 40 years the agency has taken the lead in providing direct services, educational programming, professional trainings and presentations, and designing and implementing social change initiatives (i.e. Wednesday at Liberty Hall, SURGE Program at Liberty Memorial Central Middle School and SafeBar Alliance).

G. Provide a detailed budget for the proposed program using the categories provided. The budget request for the program described should be reasonable and spelled out according to the categories below. Does the organization use funding creatively to get the most for the money, i.e. use of students, volunteers, in kind donations, leveraging of this funding to get other funding, etc.? Are long-term plans for program funding discussed – will this be an annual request for alcohol tax, is it expected to increase, decrease, etc.? Are other sources of funds used for the program? If so, are they described.

- | | | |
|---|-------------------|--------------------|
| • Personnel (list each staff position individually and note if new or existing) | • Fringe Benefits | • Supplies: office |
| | • Travel | • Supplies: other |
| | • Office Space | • Equipment |

This program is implemented and dependent on interns and volunteers, therefore personnel costs are not necessary. Alcohol Tax funding ensures the vibrancy, marketing and awareness of the program continue to stay current and effective. Last year, GaDuGi SafeCenter, received a Special Alcohol Funds allocation of \$2000. The agency will request funding annually for this collaborative program. Last year, the agency asked for \$4000

and was granted \$2000. This year the agency is asking for a slight increase of \$500 to maintain the SafeBar Alliance.

Past funding for the program include Community Impact funding through the United Way of Douglas County (funds no longer available) and The University of Kansas Student Senate block funding.

BUDGET: Promotional materials support awareness for patrons and help provide support for staff on preventing sexual assaults.

Supplies: other **2,000.00**

Supplies include:

Matchbooks (with custom SafeBar message):

Paper Coasters (with custom SafeBar message) :

Window Clings/Placards (4.8" X 4.8" square clings for participating bars)

"The Bartender is Your Friend" Custom Buttons for Alliance Members and Supporters

Marketing and printing (includes Posters, trainings materials, brochures, etc.)

Postage and Shipping for supplies:

Personnel: Contract (new) **500.00**

Professional design costs (supply and website design, maintenance, etc.)

TOTAL: **\$2500.00**

Section 3: Logic Model

ASSESSMENT DATA	CITY COMMISSION GOAL(S)	PROGRAM GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<p>The baseline data: anecdotal information reported by victims served by GaDuGi SafeCenter and observed behavior described by Lawrence bar staff. The CDC describes Perpetrator Individual Risk Factors as:</p> <ul style="list-style-type: none"> - Alcohol & drug use - Coercive sexual fantasies - Impulsive and antisocial tendencies - Preference for impersonal sex - Hostility towards women - Hypermasculinity <p>Community Risk Factors:</p> <ul style="list-style-type: none"> - General tolerance of sexual violence within the community <p>Protective factors may lessen the likelihood of sexual violence victimization or perpetration by buffering against risk. These factors can exist at individual, relational, community, and societal levels.</p>	<p>Community Building and Downtown Development</p>	<p>The SafeBar Alliance goal is to “create working partnerships and dialogue about the correlation between alcohol use and sexual assault in our community”.</p> <p>OBJECTIVES</p> <ol style="list-style-type: none"> 1. Increase awareness and knowledge through education to the community. 2. Recruit more bars to become part of the SafeBar Alliance. 3. To continue to be a community resource. 4. Promote a safe environment for bar patrons. 5. Provide bar staff collaborative professional training (Overview, Orientation, Skill-building, Evaluation); Continuing education and outreach to patrons through access to outreach materials. 	<p>Bar staff (for training): owners, managers, bartenders, bouncers and other staff.</p> <p>Patrons: Which includes 18+ dance/concert goers, and 21+ drinking age women and men- focusing on prevention and bystander behavior</p>	<p>Recruitment of new SafeBars</p> <p>SafeBars attend collaborative meetings with other Alliance members and receive periodic emails from agency about updates.</p> <p>Bar staff will be trained to respond to potentially high risk situations with the goal of preventing sexual violence.</p> <p>Outreach materials: posters, coasters matchbooks etc. will be distributed and made available to patrons.</p>	<p>Recruit and train 15 new bar establishments to become members of the SafeBar Alliance.</p> <p>Continue to support ongoing SafeBars (currently 13) with support, outreach materials and continued education</p> <p>Online survey to bar staff on training including training satisfaction will be sent to SafeBars every December (designed by KU Applied Behavioral Sciences Dept.) *will track number of participants</p>	<p>100% of SafeBar staff will have and use information to contact GaDuGi or other community resources (PD, taxi, etc.) and will be knowledgeable on the dynamics of sexual violence and alcohol.</p> <p>Online survey to bar staff on training including changed behaviors will be sent to SafeBars every December (designed by KU Applied Behavioral Sciences Dept.)</p> <p>100% of patrons who frequent SafeBars will have access to SafeBar Alliance materials. Materials highlight tips and resources to support a safer bar experience.</p>	<p>The impact outcome for the SafeBar Alliance is to create a safer culture of alcohol use in Lawrence, Kansas and to reduce sexual violence.</p>



2014 SOCIAL SERVICE FUNDING APPLICATION – SPECIAL ALCOHOL

SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: Headquarters, Inc.

Name of Program for Which Funding is Requested: Life Support: Counseling and Information 24/7

Primary Contact Information (must be available by phone 5/15 and 5/22 from 2 p.m. to 6 p.m.)

Contact Name and Title: Marcia Epstein, LMSW Director

Address: 211 E. 8th, Suite C; P.O. Box 999; Lawrence, KS 66044

Telephone: cell: 785-331-6440; admin: 785-841-9900; counseling: 785-841-2345 Fax: none

Email: Marcia@HeadquartersCounselingCenter.org

SECTION 2. REQUEST INFORMATION

The criteria for each application questions are explained below.

A. Amount of funds requested from the City for calendar year 2013.

Program should fit within one of the established categories.

Prevention \$	Intervention <u>\$20,000</u>	Other \$
Treatment \$	Coordination \$	

B. Provide a brief description of the program. *Summary of program should be clear and concise. Is Program related to one or more of the City Commission Goals? Is program based on proven effective strategies or “promising approaches?” Description should address how program is designed to have long-term effects on a person’s decisions about alcohol and other drug use. When appropriate, program design takes into account the person’s family and/or community.*

Calling to say thank you for all of the help that he has received from us.
He started calling about two years ago, and was struggling with alcohol,
had no direction, and wanted to die. He said that we really saved his life,
that he has graduated from high school and college,
and now has a very positive future ahead of him.
He thanked me again, and let me go.
~ 10:29pm on 2.16.13

Headquarters Counseling Center Mission: “Our trained volunteer and paid staff improve the emotional well-being and safety of adults and children through readily available counseling, education, and information services.” Our positive impact falls under the City Commission goal of Community Building, creating social capital by keeping people healthier and more able to function in their personal and community responsibilities.

Our services are inline with national standards:

- Code of Ethics of the National Association of Social Work (NASW)
 - social work emphasizes working with the individual and her/his natural supports - family, friends, faith community, etc.
- accredited since 2001 by the American Association of Suicidology (AAS)
- meets the research-based standards of the National Suicide Prevention Lifeline (NSPL)
- counseling model based on research on what makes counseling effective

Headquarters Counseling Center:

- the only counseling service in Lawrence available 24/7 with counselors on-site
- available for people of any age
- no charge for services
- available by phone, email, or in person
- with the most comprehensive database – as compared to any other agency or website - of services available to Lawrence residents
- *confidential computer-text-messaging and internet-chat, will be added after securing necessary funding*

Our substance abuse intervention services provide immediate counseling and referrals for the person:

- wondering if s/he has a problem with the use of alcohol or other drugs
- who admits s/he is abusing alcohol/other drugs and is seeking help
- concerned about, and affected by, someone else's alcohol/other drug abuse

C. Provide a brief description of how the need for this program was determined.

The need for the program should be clearly established and outlined. When appropriate, the context of other services

History:

- HQCC opened in 1969 as the drug crisis center for Lawrence. Helping people affected by alcohol or other drugs remains part of our service.
- The area's last comprehensive needs assessment, the *1995 Douglas County Area Health and Human Services Needs Assessment*, identified the lack of accessible community information about health and human services as a top priority. HQCC responded by developing and maintaining the area's most comprehensive health and human services database.
- The recently released Douglas County Community Health Plan includes:
 - Access to Health Services: Assure services are provided at times that allow people to utilize service
 - Mental Health: Improve awareness of available services; Reduce stigma related to having mental illness & seeking care for mental illness
- In these hard economic times, when the public behavioral health system has lost significant funding, and personal income is often low, access to services is diminished. The ease of using Headquarters, Inc. makes the center an essential component of the substance abuse intervention network for residents of Lawrence.

Any person in Lawrence could need our counseling or information service, to help her-/him-self or a friend, family member, or co-worker. During 2012 we were used approximately 25,000 times for counseling and information services including times when:

- alcohol or other substance abuse was the primary concern (276 counseling calls)
- alcohol or other substance abuse, including "self medication" with alcohol or other substances, contributed to risk of suicide or violence toward other (5,015 counseling calls of this nature)

In addition, our suicide bereavement support was used by over 150 people during 2012. Many attendees use this group as one support in avoiding substance abuse to avoid the pain of loss. Many attendees lost loved ones whose struggles included substance abuse.

D. Describe the desired outcomes of this program (see Logic Model). *At least one Process, one Behavioral and one Impact Outcome must be included and clearly outlined on Logic Model. Outcomes must be measured by an identified evaluation tool. Does agency show adequate progress towards achieving their targeted outcomes if previously funded.*

Crisis services are evaluated differently than longer-term strategies. Our outcomes evaluation model is in line with national studies on the impact of suicide crisis hotlines, research funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The long-term impact of our services cannot be easily measured, due to the number of additional influences on the person. Therefore, we measure the immediate impact of our 24 hour counseling and information phone service for adults during two-week periods. Adult callers

are asked to respond to 11 statements with ratings of 1-5 or “not applicable.” On the scale, 1 indicates strongly disagree and 5 indicates strongly agree. We target having means of 4 on all items. We have consistently surpassed this benchmark.

Outcomes Surveys
1. After talking with the counselor, I feel more calm
2. After talking with the counselor, I feel less alone
3. After talking with the counselor, I feel more hopeful
4. By talking with the counselor, I gained useful knowledge about the concern
5. By talking with the counselor, I gained information about available resources that I will use
6. After talking with the counselor, I am more prepared to manage the concern
7. After talking with the counselor, I am more likely to take actions for safety
8. I perceived counselor as knowledgeable”
9. I perceived counselor as understanding the concern
10. I perceived counselor as caring
11. I believe talking with the counselor was helpful

E. Describe any coordination efforts your agency has made. *Program strategy should involve a coordinated approach. Description should address how this particular program or service fits with other existing efforts to reduce fragmentation and duplication.*

HQCC’s growth over the years is the result of careful work with other local, state, and national groups, meeting local needs which match our strengths, and supporting other local services in their work. Our substance abuse intervention services complement those provided by other public and private agencies, including RADAC, DCCCA, and 12 step groups.

Collaboration and partnership are core values of this center:

Note: Examples include services to people with high risk of alcohol or other substance abuse.

- Our information and referral service is an excellent example of coordination to efficiently meet people’s needs, as we refer people to additional prevention, intervention, and treatment services.
- We are part of the Health Priority of United Way of Douglas County, collaborating with a variety of treatment and support services.
- Our service on the National Suicide Prevention Lifeline network allows Lawrence callers to 800.SUICIDE and 800.273.TALK to reach our center, where counseling is supplemented by referrals to local services.
- We provide leadership to the Kansas committee for suicide prevention, a role that includes disseminating best practice information to benefit those served by other agencies and educational institutions. This involvement also builds relationships with potential funders.
- Our work with the Kansas National Guard through their full-time Chaplain results in local Guards-people and their families being encouraged to use our support services
- The National Guard collaboration, and a scholarship fund through the Douglas County Community Foundation, will also allow us to provide Applied Suicide Intervention Skills to more people in the community.
- We maintain a database of health and human services for people in Douglas County, and share information from this database with other non profit agencies as well as with individuals in need of services
- We provide after-hours mental health services for clients of many agencies and counseling practices.
- We are part of the Suicide Prevention Committee for Haskell Indian Nations University, and provide training for their residence hall staff and students
- We provide Critical Incident Stress Management services to USD 497 students, staff, and Crisis Support Team members
- We also provide Critical Incident Stress Management services to workers in local businesses and other groups affected by a traumatic event
- Our director serves on the Douglas County team of Kansas All-Hazards Behavioral Health (KAHBH) which is coordinated by the Bert Nash Center

F. Describe how your agency is capable of implementing the proposed program. Based on agency history, management structure, and staffing pattern, does organization have capacity to implement the proposed program and achieve the desired outcomes?

Capacity of Headquarters Counseling Center:

- has served this community since 1969
- IRS 501 (c) 3 status
- 12 members on the Board of Directors and Advisors, representing diverse personal and professional backgrounds
- secured supplemental funding and upgraded technology, including electronic record-keeping, and capacity for adding services by text and live internet chat
- received the Crisis Center Excellence award for 2013 from the American Association of Suicidology

G. Provide a detailed budget for the proposed program using the categories provided. *The budget request for the program described should be reasonable and spelled out according to the categories below. Does the organization use funding creatively to get the most for the money, i.e. use of students, volunteers, in kind donations, leveraging of this funding to get other funding, etc.? Are long-term plans for program funding discussed – will this be an annual request for alcohol tax, is it expected to increase, decrease, etc.? Are other sources of funds used for the program? If so, are they described?*

- Personnel (list each staff position individually and note if new or existing)
- Fringe Benefits
- Travel
- Office Space
- Supplies: office
- Supplies: other
- Equipment

As in previous years, the requested funding will provide funding for operations. Keeping the alcohol and other substance abuse intervention services available 24/7 requires maintaining the 24/7 counseling and information center.

Since 2010, Headquarters, Inc. has been actively exploring collaborations and working to secure funding from a variety of new and current sources.. In addition, paid staffing and other expenditures have been reduced to keep services available in spite of recent funding cuts.

Headquarters, Inc. received a federal grant for the period of August 2012 through July 2015 to develop and coordinate suicide prevention for Kansans 10 – 24 years of age. Co-locating this project with the counseling center, reduces some operations costs. *However, this grant does not pay the ongoing costs of keeping local counseling available.*

Funding is supplemented by over 9,000 volunteer hours per year, primarily by volunteer paraprofessional counselors.

Headquarters, Inc. logic model and budget are included in separate documents.



City of Lawrence

SECTION 3. LOGIC MODEL

ASSESSMENT DATA	CITY COMMISSION GOAL(S)	PROGRAM GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<p><i>The assessment is your baseline data (the behavior with current risk and protective factor data).</i></p> <p>See Needs Assessment and Outcomes sections</p>	<p><i>The City Commission Goal(s) related to the program:</i></p> <p>Community Building, creating social capital by keeping people healthier and more able to function in their personal and community responsibilities.</p>	<p><i>The Goals and Objectives are statements of what you're wanting to accomplish with the program.</i></p> <p>Caller shows improvement from start to end of call.</p>	<p><i>Your target group is who you're working with.</i></p> <p>Adults and teens who call our 24 hour counseling and information center.</p> <p>Note: This could include anyone in Lawrence due to the range of our services for the person her-/himself and those s/he is concerned about.</p>	<p><i>Strategies are the program, policy, procedure, etc. you will implement to address your goals.</i></p> <p>Counseling primarily by telephone, using reflective listening skills, clarifying questions, and assessments for danger to self or other, and directive counseling to establish safety plans</p> <p>Limited services is also available in-person and by email.</p>	<p><i>Process outcomes measure what intervention was conducted with what group of people (i.e., how much money was spent, number of people served, client satisfaction)</i></p> <p>See Outcomes section: Offer 11-item questionnaire at the end of all talks with adult callers during 2-week intervals during the year.</p> <p>Compile data from administration. Examine that data to determine whether our training and supervision build the needed skills, and improve those processes if needed.</p>	<p><i>Behavioral outcomes measure the impacts, benefits or change in behavior during and after participation in the system/ intervention.</i></p> <p>Each item prefaced by: after/ talking with the HQCC Counselor: client rates self on 1-5 scale...</p> <ol style="list-style-type: none"> 1. I feel more calm. 2. I feel less alone. 3. I feel more hopeful. 4. I gained useful information about my concern. 5. If referrals were requested or offered: I gained useful information about resources that I will use. 6. I am more prepared to manage this concern. 7. If the person was in danger from self or another person: I am more likely to take actions for my safety.* <p><i>*With this item, if rating is less than 4, we discontinue survey and continue counseling.</i></p>	<p><i>The impact outcome will be your "pie in the sky" statement of how things will be down the road for your target population if all your outcomes are met and everything goes perfectly.</i></p> <p>All clients experience benefits from the service, as demonstrated by (mean) average ratings of at least 4 on all items.</p>

BUDGET FORM			Life Support	KYSP	AGENCY	AGENCY
Headquarters, Inc.	Actual	Actual	Budget	Budget	Budget	Budget
Fiscal Year End	FY 11	FY 12	FY 13	FY 13	FY 13	FY 14
	10/31/11	10/31/12	10/31/13	10/31/13	10/31/13	10/31/14
REVENUES						
Business/Org Sponsor/Partner						
Business Sponsor HQCC	800.00	3,600.00	2,500.00		2,500.00	5,000.00
Business Sponsor LAGA	1,200.00	0.00	2,000.00		2,000.00	3,000.00
Business Sponsor LSRefresher	5,450.00	1,945.00	3,000.00		3,000.00	10,000.00
Business Sponsor LSRide	2,000.00	2,200.00	0.00		0.00	
CFC	1,539.07	2,212.33	2,500.00		2,500.00	3,000.00
City Alcohol Tax	22,500.00	22,500.00	20,184.17		20,184.17	20,000.00
Donations						
Solicited Donations	10,500.00	10,600.00	10,000.00		10,000.00	15,000.00
Unsolicited Donations	13,024.48	13,390.91	15,000.00		15,000.00	15,000.00
Fees for services	0.00	0.00	0.00		0.00	
Grants						
For operations	4,000.00	4,000.00	4,000.00		4,000.00	14,000.00
For phones, computers	11,600.00					
For iCarol	17,500.00					
SAMHSA Overhead		9,150.00		46,000.00	46,000.00	46,000.00
SAMHSA KYSP Main		0.00	0.00	434,000.00	434,000.00	434,000.00
Interest	669.99	324.46	300.00		300.00	200.00
KU Student Activity Fee	36,200.00	24,133.33	0.00		0.00	
Membership Drive	24,907.96	39,218.27	25,000.00		25,000.00	30,000.00
Merchant Fundraisers						
Good Search	32.77	105.89	0.00		0.00	0.00
Lawrence Giveback	258.07	306.99	400.00		400.00	500.00
Reimb/ Miscellaneous	20.80	0.00	0.00		0.00	0.00
Sales	0.00	15.00	0.00		0.00	0.00
Special Events - Registration, Donations, Sales (not including sponsors)						
360 Cup & Feathers for Cass		266.00	500.00		500.00	500.00
LSRefresher	6,525.80	4,606.00	6,500.00		6,500.00	8,000.00
LSRide	3,408.00	1,494.90	0.00		0.00	
Marathon	50.00					
Messaging	1,787.07					
Set Em Up Jack's event	2,230.00	0.00	500.00		500.00	
St. Patrick's Day		15,000.00				
Survivors Group	0.00	1,046.00	1,000.00		1,000.00	1,000.00
Training						
ASIST Training in Community			7,000.00		7,000.00	1,500.00
New Volunteer Counselor Trng	1,600.00	1,650.00	2,500.00		2,500.00	2,500.00
United Way	69,121.00	50,711.43	23,833.33		23,833.33	20,000.00
REVENUE TOTAL	236,925.01	208,476.51	126,717.50	480,000.00	606,717.50	629,200.00
EXPENDITURES						
			Life Support	KYSP	TOTAL	TOTAL
			Budget	Budget	Budget	Budget
			FY 13	FY 13	FY 13	FY 14
KYSP Annual Conference			0.00	10,000.00	10,000.00	10,000.00
KYSP Nat'l Conference Travel			0.00	9,725.00	9,725.00	9,725.00
KYSP Contractual			0.00	10,300.00	10,300.00	10,300.00
KYSP Exemplars			0.00	18,000.00	18,000.00	18,000.00
KYSP FHSU Partnership			0.00	24,000.00	24,000.00	24,000.00
KYSP In-State Meetings & Travel			0.00	8,000.00	8,000.00	8,000.00
KYSP Local Meeting Supplies			0.00	600.00	600.00	600.00
KYSP MiniGrants			0.00	130,000.00	130,000.00	130,000.00
KYSP Training Programs			0.00	10,000.00	10,000.00	10,000.00

BUDGET FORM			Life Support	KYSP	AGENCY	AGENCY
Headquarters, Inc.	Actual	Actual	Budget	Budget	Budget	Budget
Fiscal Year End	FY 11	FY 12	FY 13	FY 13	FY 13	FY 14
	10/31/11	10/31/12	10/31/13	10/31/13	10/31/13	10/31/14
Bank Charges	0.00	151.39	50.00	0.00	50.00	50.00
Cont. Educ.	0.00	669.85	0.00	0.00	0.00	0.00
Contractual	13,905.01	4,359.30	5,000.00	0.00	5,000.00	5,000.00
Dues	370.00	270.00	500.00	0.00	500.00	500.00
AAS re-credentialing			1,000.00	0.00	1,000.00	1,000.00
Fund-raiser Expenses						
LAGA	283.01	0.00	0.00	0.00	0.00	0.00
LSRefresher	1,174.74	2,782.49	1,500.00	0.00	1,500.00	1,500.00
LSRide	611.51	524.26				
Insurance	2,554.83	2,589.49	4,000.00	0.00	4,000.00	4,000.00
Lawrence Area GSA	529.77	90.55		0.00		
Mileage				<i>above</i>		
Survivors Group	200.00					
Vol/Bd/Paid Staff Recog	1,270.74	1,044.86	1,000.00	0.00	1,000.00	1,000.00
Vol Training Fee Reimbursement	0.00	0.00	500.00	0.00	500.00	0.00
ADMIN. TOTAL	20,369.84	12,482.19	13,550.00	220,625.00	234,175.00	233,675.00
Equip Maint	319.39	0.00	250.00	0.00	250.00	250.00
Library	113.98	333.11	0.00	2,000.00	2,000.00	2,000.00
Office Equip/Furn/Software						
Phones, Computers, Furnishings		1,205.64	500.00	9,000.00	9,500.00	0.00
Phones, Computers upgrades	9,614.95	0.00	0.00	0.00	0.00	0.00
iCarol programming & annual	12,398.80	3,344.40	2,400.00	1,200.00	3,600.00	4,200.00
Network Management			0.00	500.00	500.00	1,200.00
EQUIPMENT TOTAL	22,447.12	4,883.15	3,150.00	12,700.00	15,850.00	5,400.00
Maintenance	0.00	0.00	0.00	0.00	0.00	0.00
Rent	14,820.00	14,225.00	8,244.00	6,000.00	14,244.00	15,000.00
Telephone	4,714.71	6,262.06	3,000.00	3,000.00	6,000.00	6,000.00
Utilities						
Elec	1,580.02	1,883.90	1,800.00	0.00	1,800.00	1,800.00
Internet	<i>in phone</i>	<i>in phone</i>	0.00	0.00	0.00	
Water	640.96	585.63	750.00	0.00	750.00	700.00
FACILITIES TOTAL	21,755.69	22,956.59	13,794.00	9,000.00	22,794.00	23,500.00
KYSP Director of Evaluation			0.00	54,400.00	54,400.00	54,400.00
KYSP Director of Training			0.00	27,200.00	27,200.00	27,200.00
KYSP Project Coordinator			0.00	55,000.00	55,000.00	55,000.00
KYSP Resource Center Coordinator			0.00	22,166.67	22,166.67	30,000.00
KYSP NSPL Counselor			0.00	8,000.00	8,000.00	14,000.00
KYSP Support Staff			0.00	8,000.00	8,000.00	14,000.00
KYSP 24/7 Counselor Portion			0.00	24,000.00	24,000.00	0.00
Director	42,230.04	38,007.03	25,338.00	24,000.00	49,338.00	49,338.00
Asst Director	19,937.50		26,250.00	0.00	26,250.00	35,000.00
Dir. of Volunteers	28,125.00	37,599.96	35,000.00	0.00	35,000.00	35,000.00
Dir. of Child's Prog's	36,399.96	30,000.00	5,833.33	0.00	5,833.33	
Office Assistant	665.00		8,000.00	0.00	8,000.00	8,000.00
Info Spec	11,378.38	5,841.45	0.00	0.00	0.00	0.00
Development Dir	12,600.00	11,397.40	2,200.00		2,200.00	0.00
Hourly Counselor		768.00	1,740.00	0.00	1,740.00	0.00
Subtotal	151,335.88	123,613.84	104,361.33	222,766.67	327,128.00	321,938.00
Health	6,600.00	5,220.00	4,680.00	3,945.00	8,625.00	10,800.00
FICA match of .0765	12,082.13	9,749.01	8,341.66	8,963.25	17,304.91	25,454.46
Simple IRA 3% match	3,700.76					

BUDGET FORM			Life Support	KYSP	AGENCY	AGENCY
Headquarters, Inc.	Actual	Actual	Budget	Budget	Budget	Budget
	FY 11	FY 12	FY 13	FY 13	FY 13	FY 14
Fiscal Year End	10/31/11	10/31/12	10/31/13	10/31/13	10/31/13	10/31/14



2014 SOCIAL SERVICE FUNDING APPLICATION – SPECIAL ALCOHOL

SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: Heartland Medical Clinic, Inc. (dba Heartland Community Health Center)
Name of Program for Which Funding is Requested: Primary Care & Mental/Behavioral Health Integration Project
Primary Contact Information (must be available by phone 5/15 and 5/22 from 2 p.m. to 6 p.m.)
Contact Name and Title: Ali Edwards, Development Director
Address: 1 Riverfront Plaza, Suite 100 Lawrence, KS 66044
Telephone: 785-841-7297, ext 208 Fax: 785-856-0375
Email: aedwards@heartlandhealth.org

SECTION 2. REQUEST INFORMATION

The criteria for each application questions are explained below.

A. Amount of funds requested from the City for calendar year 2014.

Program should fit within one of the established categories.

Prevention \$	Intervention \$	Other \$
Treatment \$	Coordination \$ 28,792	

B. Provide a brief description of the program.

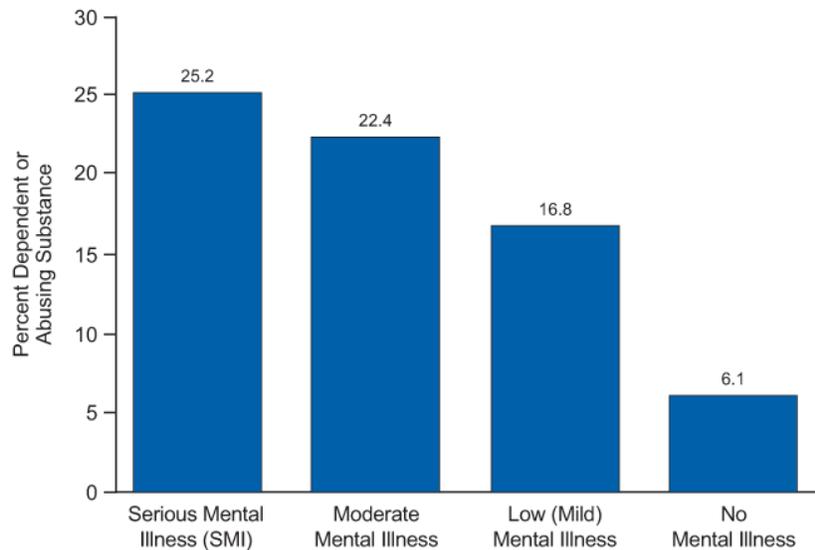
Heartland Community Health Center (HCHC) requests City of Lawrence funding to improve Service Delivery, one of the City Commission's goals, by improving coordination of care. HCHC will work collaboratively with Bert Nash Center (BNC) Lawrence's Community Mental Health Center to provide care to community members with Severe and Persistent Mental Illness (SPMI) and substance use problems. HCHC will place a primary care provider and support staff at (BNC) one day per week to provide primary care services to BNC patients. This primary care provider will consult and collaborate with the patients, the patients' families, the patients' case managers and mental/behavioral health providers to establish a coordinated care plan which considers all aspects of the patients' health: physical, mental, behavioral, social and spiritual. The outcome is high quality, affordable, holistic care provided in a way that decreases duplication of services, and increases access to health care at a place in which the patient is already receiving services.

C. Provide a brief description of how the need for this program was determined.

A basic understanding of the inter-relatedness of substance use problems, mental health disorders and medical conditions is vital to addressing the needs of our community. Substance use problems and mental illness can cause medical conditions just as medical conditions can lead to substance use problems and mental illness. Unless we address the problem in a coordinated, holistic manner, we merely shift the problem from one agency to the next and back again, all the while continually increasing costs.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA):

- 42.8 percent of adults who have a substance use problem also have a mental disorder.
- More than half (68%) of adults with mental disorders have one or more medical conditions.
- 25.2 percent of adults with Severe Mental Illness also have a substance use problem, whereas only 6.1 percent of adults without a mental illness have a substance use problem. (see graph on top of next page)



These statistics together weave a compelling case that physical health, mental health and behavioral health are significantly interrelated, making it vital to treat them at the same site by the same care team on a consistent basis.

Because these components of health are so interrelated, it's often difficult to pinpoint the cause. By offering integrated care to all patients, we ensure we are treating the root cause of health concerns instead of merely managing the presenting symptoms. The result is decreased health care costs, improved health outcomes and a healthier community.

Locally, approximately 50 percent of BNC patients diagnosed with SPMI also have a chronic physical disease, and it is estimated that more than 25 percent of BNC patients diagnosed with SPMI do not have a regular source of primary care. While BNC and other community resources are able to exclusively treat mental illness and substance use problems, the important physical health component is missing. Because so many clients who suffer from mental illness or substance use problems also have physical health issues (and vice versa), we must integrate primary care into the mental/behavioral health setting. By treating patients holistically in the mental/behavioral health setting, HCHC and BNC are offering increased access to care and increased opportunity to improve health to patients who need it the most.

D. Describe the desired outcomes of this program (see Logic Model).

Among those listed in the logic model attached, HCHC and BNC expect to achieve the following outcomes, which have been identified as positive outcomes in other integrated care settings.

1. Increased access to primary care
2. Reduced duplication of services
3. Improved health outcomes
4. Improved patient satisfaction
5. Improved provider satisfaction
6. Reduced unnecessary ER visits
7. Reduced overall health care costs

E. Describe any coordination efforts your agency has made.

Heartland Community Health Center (HCHC) and the Bert Nash Center (BNC) have a proven track record with the integrated care model. In 2009, the CEOs of HCHC and BNC met together to begin initial conversations about how the two organizations could work together to share resources and more effectively improve health outcomes in the community.

Shortly after these initial meetings, HCHC and BNC were chosen to be a part of two separate programs piloting integrated care. These programs provided training and support for blending the cultures of distinct disciplines to support provider buy-in as well as help in navigating the legal and technical barriers to providing integrated care.

In February 2011, the Sunflower Foundation awarded funding to HCHC that embedded a Behavioral Health Clinician from BNC into the primary care operation of HCHC. The Clinician began working part time at HCHC coordinating care for

shared patients and participating as an integral part of the team of providers at HCHC. The health care team quickly became engaged in the power of the integrated model, and the Clinician was soon seeing 6-10 patients daily for referrals affectionately termed "warm handoffs." The Clinician also scheduled and provided follow-up behavioral health services. Within 8 months, the Clinician was full time onsite at HCHC. As a relative indicator of provider buy-in and level of embedment, at least 25 percent of primary care visits in a given day might generate a warm handoff to the Clinician.

Today, the Clinician successfully reconnects with returning patients she has met through warm handoffs and provides brief therapies. The Clinician consults with HCHC providers regarding best practices for patients seen with behavioral health concerns. Providers refer to her for behavioral health diagnoses and treatment. She has facilitated stress management, smoking cessation, diabetes management and other behavioral health/physical health groups while also overseeing the efforts of six health coaches (AmeriCorps members) onsite both at HCHC and at BNC. Not only have patients with mental illness or substance use disorders improved their health outcomes, patients with chronic diseases are improving their health through her services as well.

Through funding from the City of Lawrence and the Sunflower Foundation, HCHC has been able to expand integration to include psychiatric services from BNC onsite at HCHC in 2013.

As an initial foray into offering physical health services, in fall 2012, BNC began hosting an AmeriCorps member (who had just served a previous AmeriCorps service term at HCHC) to serve as a Health Coach to BNC clients with SPMI who have chronic health conditions, providing intensive follow up and support for adherence to medical directives. Offering these basic physical health services in the mental/behavioral health setting has made it clear the need for a primary care provider to practice onsite at BNC.

F. Describe how your agency is capable of implementing the proposed program.

As described above, HCHC and BNC have a solid and expanding partnership and are poised to take the next step in offering holistic, integrated care to their patients. HCHC and BNC's leadership and providers have embraced the integrated model of care and HCHC has hired the primary care provider who will work onsite at BNC one day per week beginning in August 2013.

HCHC and BNC's project plan includes appropriate levels of reception, provider and nursing staff. Remodeling a large office at BNC into two primary care exam rooms is already underway. All primary care and mental health providers will have access to both HCHC and BNC electronic health records in order to access 100 percent of shared patients' health information. This will allow us to use the City of Lawrence funding to quickly impact the community with these vital services at the Bert Nash Center.

The integrated care model has proven to be effective in improving health outcomes, increasing patient satisfaction, and increasing provider satisfaction. The integrated model is gaining traction across the nation and is a focal point of the federal Community Health Center program: a program that provides support and funding for health centers to treat low-income and uninsured populations. As one of 17 funded health centers in Kansas, HCHC is a part of a larger network that is working toward a culture of preventive care by combating substance use, obesity, tobacco use, mental illness, and chronic disease.

Because of the widespread support gained through the integration efforts of HCHC and BNC thus far, HCHC and BNC can leverage a large number of resources and technical assistance from the Sunflower Foundation, the Kansas Association for the Medically Underserved and the federal Health Resources and Services Administration to ensure continued success.

Because of the experience and success HCHC and BNC have had in offering integrated services thus far, we are confident in our ability to implement this proposed program successfully.

G. Provide a detailed budget for the proposed program using the categories provided. The budget request for the program described should be reasonable and spelled out according to the categories below. Does the organization use funding creatively to get the most for the money, i.e. use of students, volunteers, in kind donations, leveraging of this funding to get other funding, etc.? Are long-term plans for program funding discussed – will this be an annual request for alcohol tax, is it expected to increase, decrease, etc.? Are other sources of funds used for the program? If so, are they described.

- Personnel (list each staff position individually and note if new or existing)
- Fringe Benefits
- Travel
- Office Space
- Supplies: office
- Supplies: other
- Equipment

	City of Lawrence	HCHC/BNC	In-Kind	Total Project
Personnel:				
APRN (.20 FTE) New	\$16,400			\$16,400
LPN (.20 FTE) Existing	\$7,200			\$7,200
Receptionists (.20 FTE) Existing		\$5,100		\$5,100
Medication Assistance Program (.20 FTE) Existing			\$6,000	\$6,000
IT support (.10 FTE) Existing		\$8,320		\$8,320
Fringe Benefits (22% of salary):				
Payroll taxes, health/dental/vision insurance	\$5,192	\$2,952		\$8,144
Office Space:				
Building two new exam rooms at the Bert Nash Center		\$3,000		\$5,000
TOTAL	\$28,792	\$19,372	\$6,000	\$54,164

Budget Narrative:

Personnel:

APRN: \$16,400 for the salary of a nurse practitioner to see patients at the Bert Nash Center one day per week.

LPN: \$7,200 for the salary of an LPN to work with the nurse practitioner to treat patients at the Bert Nash Center one day per week.

Reception (BNC): \$5,100. The Bert Nash Center will provide the funding for the salary of one receptionist one day per week to schedule, check in, check out and input shared HCHC/BNC patient demographic/financial information into the patients' charts.

Medication Assistance Program: \$6,000. HCHC and BNC will leverage resources to attain free medications through pharmaceutical companies' indigent drug programs.

IT support: \$8,320. HCHC and BNC will provide .10 FTE salary for the proper IT support to provide access to both HCHC and BNC's electronic medical records to the shared patients' care teams.

Fringe Benefits:

APRN and LPN fringe benefits and payroll taxes: $\$16,400 + \$7,200 = 23,600 \times 22\% = \$5,192$.

Receptionists and IT support fringe benefits and payroll taxes: $\$5,100 + \$8,320 = \$13,420 \times 22\% = \$2,952$.

Office Space:

\$3,000 for remodeling an office into two primary care exam rooms at BNC. HCHC and BNC will provide funding for the construction and furnishing of two primary care exam rooms at the Bert Nash Center.

Other budget notes:

- HCHC expects this to be a one-time request. It is expected that within one year, the APRN will generate enough revenue to sustain this project. See table* below. *These are financial projections based on available data.

	Payer	Encounters	Per enc.	Revenue
60%	Medicaid	384	\$112	\$43,008
5%	Medicare	32	\$99	\$3,168
1%	Private Insurance	6	\$102	\$652.80
34%	Self-Pay	218	\$22	\$4787.20
		640		\$51,616.00

Average Provider Productivity	3,200
Full Time Equivalent	.2
Total Encounters Expected	640



City of Lawrence

SECTION 3. LOGIC MODEL

Please complete the Logic Model below.

ASSESSMENT DATA	CITY COMMISSION GOAL(S)	PROGRAM GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<ol style="list-style-type: none"> 1. 42.8 percent of adults who have a substance use problem also have a mental disorder. 2. More than half (68%) of adults with mental disorders have one or more medical conditions. 3. 25.2 percent of adults with Severe Mental Illness also have a substance use disorder. Only 6.1 percent of adults without a mental illness have a substance use disorder. 	<ul style="list-style-type: none"> • Service Delivery 	<ol style="list-style-type: none"> 1. To offer holistic care- physical, mental, behavioral- to BNC patients diagnosed with SPMI and/or substance use disorders, which will include substance abuse screening, treatment and referral to the target population. 2. To treat the root causes of substance abuse, mental illness and physical health issues. 3. To reduce overall health care costs, principally among those with mental illness or substance use diagnoses. 	<p>Clients of the Bert Nash Center diagnosed with SPMI.</p>	<p>Through offering holistic, integrated care in the mental health setting, clients with SPMI and/or a substance use diagnosis will be able to receive treatment for physical, mental, behavioral or social health issues at the same.</p>	<ol style="list-style-type: none"> 1. Within three months of the beginning of the project, 80 percent of BNC clients with SPMI without regular primary care will have visited the onsite primary care provider. 	<ol style="list-style-type: none"> 1. Fifty percent of the target population will have improved health outcomes within six months of the beginning of the project, as tracked in their electronic health record. 2. The primary care provider will consult with the mental health provider and case manager about the treatment plans of 100 percent of all patients treated. 	<ol style="list-style-type: none"> 1. The target population will have the knowledge and skills to make individually appropriate choices about alcohol use and reduce the incidence of dependency thereby positively impacting an entire community.

Section 2

2B. Van Go, Inc. provides workforce development using the arts in year-round, innovative employment opportunities for at-risk youth ages 14 – 21. Programming is not designed to create artists, but instead uses art as the vehicle to help youth gain job skills, life skills and economic resources needed for their success.

Teens are referred to Van Go by community partners who identify youth based on risk factors, including poverty, court involvement, foster care, and mental health issues. Youth at risk for truancy, teen pregnancy or drug/alcohol use are also referred. Van Go interviews and hires youth to create works of art that are purchased or commissioned by the public; this income supports program sustainability. Many art pieces, such as murals and benches, are displayed publicly to foster self-esteem by providing successful experiences and affirming recognition to youth.

In addition to teaching important job skills such as task completion, punctuality, responsibility, and teamwork Van Go uses *Pathways to Self-Discovery and Change: Criminal Conduct and Substance Abuse Treatment for Adolescents* to address risk factors associated with substance abuse. This curriculum was specifically designed to have long-term effects on at-risk youths' decisions about alcohol and drug use. *Pathways* is the evidence-based program used by the Kansas State Juvenile Justice Authority and is a cognitive-behavioral curriculum that includes illustrated, narrative stories of youth who struggle with multiple elements of risk (e.g., family, school, mental health, crime, substance abuse, negative peer associates). It uses modeling, role-play and practice of cognitive-behavioral skills to improve communication, deal with cravings and urges, and develop a sense of empathy. Additionally, personal responsibility to others, overcoming prejudice and negative thinking, managing feelings, and developing a sense of personal identity are covered.

The promising approach used at Van Go is the Communities That Care model. Van Go incorporates three steps described by CTC as being essential to program success:

- 1) Provide opportunities for involvement:** Participating youth are involved in the planning and creation of original artwork as they work with professional teaching artists to create public works of art.
- 2) Enhance the development of cognitive and social skills:** All participants learn, practice, and are evaluated on effective and respectful communication with their peers and staff (i.e., not interrupting others, expressing frustrations appropriately). They also receive tutoring and individual help to make sure academic goals are being met.
- 3) Recognize participants for skillful performance:** All Van Go projects culminate with a public show of the work the participants have created.

2C. Local research has shown that substance abuse, for which Van Go youth are at heightened risk, is higher among Lawrence youth than among youth statewide. Kansas Communities That Care 2012 data indicated disturbing information among 10th graders (the grade with the highest response rate and the average grade level of kids at Van Go):

*When asked, "If you wanted to get marijuana, how easy would it be for you to get some?" 47% of Lawrence youth responded, "Very Easy" (state average: 34%). This is a 5% increase from 2011 data.

*19% reported using marijuana at least once in the past 30 days (state average: 14%). Both figures are up 1% from 2011.

*13.92% reported being drunk or high at school in the last year (state average: 12.3%). Lawrence High 10th grade rate was 17.47%.

Van Go lessens the burden of government by providing essential prevention services that teach some of the city's most vulnerable youth strategies to make positive choices.

2D. Process Outcome: 90 at-risk teens and young adults, ages 14-21, will receive leadership development, skill-building, and employment training in 2014.

Behavioral Outcome: In 2014, 92% of the participants will show an improvement in their pre/post Workplace Evaluation scores or Individual Life Plans.

Impact Outcome: 100% of youth exiting programming at Van Go will make a successful transition into the workplace, prepared for independent living.

Outcome Evaluation: Van Go uses a pre/post Employee Work Evaluation form to measure growth in JAMS. An Individual Life Plan is created by The Arts Train participants and social worker to set goals for successful independent living. They meet regularly to review goals and assess achievement.

Van Go has shown progress towards achieving our previously targeted outcomes. All 2013 goals are on track to be met.

2E. Van Go works with community agencies to ensure coordination of prevention services and to avoid duplication. To minimize fragmentation, local partnerships have been formed and include collaboration with these agencies:

1. Bert Nash Community Mental Health Center - WRAP social workers refer students to Van Go. Van Go also works with youth in the Therapeutic classroom. *(53% of youth working at Van Go have a mental health diagnosis)*
2. Douglas County Youth Services – DCYS staff and juvenile court personnel refer youth to the JAMS program. *(20% of youth working at Van Go are court-involved)*
3. The Lawrence/Douglas County Housing Authority – Because many of our low-income youth live in public housing, the Housing Authority sponsors Summer JAMS apprentice-artists' salaries for their residents.
4. USD #497 - School counselors and social workers refer and recruit students, and relay grades, attendance and discipline problems so a coordinated effort can be

made on behalf of each child. JAMS participants can earn high school credit for their participation in an 8-week session.

2F. Van Go has a Board of Directors of highly respected community leaders who help with program development, evaluation, and fundraising. Staff members include a full-time Executive Director, an Assistant Executive Director for Programming, a full-time MSW, a contracted CPA, part-time development/marketing director and grant writer. Art staff includes a full time Art Director and two part-time art instructors (metalwork and wood working). Van Go is a previous recipient of Alcohol Tax Funds and has demonstrated its ability to effectively manage funds and meet objectives.

2G. Van Go requests \$44,000 from the alcohol tax fund, which is a return to the amount we received in 2012. The organization has proven its capacity to effectively use alcohol tax funds in the past. Long-term plans for funding include our “Van Go Works” marketing campaign, designed to increase local contributions by 15%. Van Go anticipates making an annual request for Alcohol Tax funds, as the unique and effective prevention services we provide to at-risk teens are critically important to our community. Other funds for this program come from annual fundraisers, foundation support, product sales/commissions, business support, and individual contributions. Additionally, Van Go is the largest recipient in Kansas of the Department of Labor’s Workforce Investment Act, which is anticipated to bring \$231,000 to Lawrence for staff and youth wages in 2014.

Van Go leverages this funding by using it as a portion of matching funds that are part of grant applications, specifically the NEA fast track grant. Additional creative support also includes:

Social Work Interns: 2 students in KU’s graduate social work program are assigned each year to Van Go. They work alongside our staff social worker, gaining valuable experience and providing essential support for the staff and youth.

KU School of Business: Van Go will work with graduate students in the MBA program and their advisors in 2014.

AmeriCorps Volunteers: Van Go utilizes 1 AmeriCorps volunteer to provide direct assistance to our youth, which includes tutoring, program support, and Go Healthy! lessons.

VISTA Volunteer: 1 Volunteer in Service to America (VISTA) volunteer has been placed at Van Go to provide capacity building and organizational support.

Community Volunteers: Van Go has always utilized a core team of volunteers that allow us to keep our kid to adult ratio low. In 2013 we estimate nearly 200 program volunteers will donate approximately 4,000 hours.

Personnel: \$37,000

Executive Director (\$25,000): A portion of the salary full-time executive director, Lynne Green, who oversees operations. (Existing)

Social Worker (\$12,000): A portion of the salary of our social worker, who administers evaluations, administers the Pathways prevention curriculum, and supervises two K.U. social work interns. (Existing)

Fringe Benefits \$7,000

FICA, Health Insurance: for existing personnel listed above.

Travel: 0

Office Space: 0

Supplies, Office & Other: 0

Equipment: 0

Van Go has not yet completed its 2014 budget, but the Board treasurer and CPA anticipate it will be similar to 2013. Please see our attached budget for specific information.

SECTION 3. LOGIC MODEL

Please complete the Logic Model below.

ASSESSMENT DATA	GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<p>The assessment is your baseline data (the behavior with current risk and protective factor data).</p> <p>Behavior: Use of marijuana and alcohol is higher among Lawrence 10th graders than the state average.</p> <p>Risk Factors 1) Availability of Drugs 2) Favorable Attitude To Drugs 3) Perceived Risk of Drug Use</p> <p>Protective Factor 1) Community Rewards for Conventional Involvement</p>	<p>The Goals and Objectives are statements of what you're wanting to accomplish.</p> <p>Van Go's goal is to improve the lives of at-risk youth, using art as the vehicle for self-expression, self-esteem, and hope for the future.</p> <p>The objective is that youth receiving services at Van Go will build skills needed to avoid drug and alcohol use.</p>	<p>Your target group is who you're working with.</p> <p>At-risk Lawrence teens ages 14-21</p>	<p>Strategies are the program, policy, procedure, etc. you will implement to address your goals.</p> <p>Van Go targets high-risk youth for job training and social services, using the arts. Youth will be employed and provided with opportunities for leadership development, skill-building and life skills lessons. Youth will engage in teamwork to solve problems and complete art projects. This work connects alienated youth to their community, through the display of public arts project.</p>	<p>Process outcomes measure what intervention was conducted with what group of people (I.e., how much money was spent, number of people served, client satisfaction)</p> <p>Example: Fourteen lessons were taught to fourth graders during January 2006.</p> <p>90 At-risk youth and young adults, ages 14-21, will receive leadership development, skill-building training, and employment training in 2014.</p>	<p>Behavioral outcomes measure the impacts, benefits or change in behavior during and after participation in the system/intervention.</p> <p>Example: The grade point average of all matched students raised by .5% during first semester of 2006.</p> <p>In 2014, 92% of the participants will show an improvement in their pre/post Workplace Evaluation scores or Individual Life Plans.</p>	<p>The impact outcome will be your "pie in the sky" statement of how things will be down the road for your target population if all your outcomes are met and everything goes perfectly.</p> <p>100% of youth exiting programming at Van Go will make a successful transition into the workplace, prepared for independent living.</p>



2014 SOCIAL SERVICE FUNDING APPLICATION – SPECIAL ALCOHOL

SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: The Willow Domestic Violence Center
Name of Program for Which Funding is Requested: Survivor Services (based at safe shelter)
Primary Contact Information (must be available by phone 5/15 and 5/22 from 2 p.m. to 6 p.m.)
Contact Name and Title: Crystal Camis, Director of Survivor Services
Address: 1920 Moodie Road Lawrence Kansas 66046
Telephone: 785.331.2034 ext. 103 Fax: 785.856.2043
Email: ccamis@willowdvcenter.org

SECTION 2. REQUEST INFORMATION

The criteria for each application questions are explained below.

A. Amount of funds requested from the City for calendar year 2014.

Program should fit within one of the established categories.

Prevention	\$15,723.00	Intervention	\$	Other	\$
Treatment	\$	Coordination	\$1277.00		

B. Provide a brief description of the program. Summary of program should be clear and concise. Is Program related to one or more of the City Commission Goals? Is program based on proven effective strategies or “promising approaches?” Description should address how program is designed to have long-term effects on a person’s decisions about alcohol and other drug use. When appropriate, program design takes into account the person’s family and/or community.

- The Willow Domestic Violence Center understands the correlation between domestic violence and drug and alcohol use. In the Selective Prevention program category, The Willow proposes to provide preventative drug and alcohol education to children and adult survivors residing in the agency’s safe shelter and ties this information and education delivery to our Art Therapy program. There has been much work done substantiating that children in abusive homes have a greater risk for drug and alcohol abuse in their teen years that carries over to adulthood. The Willow’s Art Therapy program allows children to build and/or strengthen self-esteem, confidence, increase their coping skills and provides an avenue for children to voice and process through their experience. The Willow believes that by blending a therapeutic art program, designed to strengthen the emotional and psychological well-being of children, with curriculum based on drug and alcohol prevention, children from domestic violence situations will have an increased understanding not only of the harmful effects of drugs and alcohol, but also that via self-esteem and confidence building, they will be less likely to partake in those behaviors in the future. This preventative measure coupled with the agency’s on-going domestic violence awareness work will directly feed into the City of Lawrence’s goal of increasing ‘Neighborhood Quality’, by improving the livability and safety of survivors of domestic violence, a population particularly at risk for alcohol and other drug use and abuse.
- Due to the innate dynamics of domestic violence The Willow continues to see an increase of survivors that use drugs and alcohol as a coping mechanism for domestic abuse. In essence, they are medicating and attempting to kill the pain of domestic violence. This significant rise of multiple problems within families, demands that The Willow address not only domestic violence, but drug and alcohol abuse as well. Children (and all survivors) from domestic violence situations are at very high risk for alcohol and other drug use and abuse. The agency provides children (and families) with information that will allow them to make appropriate and safe choices, and help them increase their positive social skills as they move through life and are faced with these decisions. Specifically with children, providing this alcohol and other drug information coupled with an evidence based art therapy program (Window Between Worlds curriculum) gives children a forum for safe conversation/questions and an opportunity to learn other safe/healthy techniques for working through challenges and trauma.
- The Willow incorporates various mechanisms to ensure program goals are being met. In addition to assessment tools that record survivor feedback, goal progress, and behavioral observations, the Art Program Coordinator also

provides a 'pre' and 'post' test that documents the child's initial knowledge of alcohol and drugs. This test also documents if they identify an increase in knowledge after the educational session, and any requests for additional information.

- The Willow has also continues to be an active participant in a collaboration, through a Memorandum of Understanding, with GaDuGi Safe Center, and First Step, Inc. (see more detailed information in the 'Other Information' section) through the recognition of the cross-over clients these three agencies serve. Part of that collaboration involves The Willow providing a room at our safe shelter for GaDuGi survivors as needed. The Willow recognizes that survivors of rape and/or sexual assault are also at high risk for alcohol and other drug use and abuse. By partnering with GaDuGi and First Step at Lakeview (DCCCA), The Willow will provide a safe and secure space for these sexual assault survivors as well, where they can seek refuge. The partnership with First Step, Inc. has also lead to a current conversation around creating new stream-lined programming to best serve survivors within The Willow's safe shelter who are in need of drug and alcohol treatment. That work is on-going.

C. Provide a brief description of how the need for this program was determined.

The need for the program should be clearly established and outlined. When appropriate, the context of other services available, or the lack thereof, should be provided. Statistical data that supports community need should be provided.

- No one in our community has access to children from domestic violence situations like The Willow Domestic Violence Center. Our agency's access to these high risk children occurs in a home type environment where children feel comfortable and safe. That safe and supportive environment can make such a difference in providing successful services to this age group.
- The 1999 report from the Department of Justice (Linkage of Domestic Violence and Substance Abuse Services, a Research Brief, Collins and Spencer) supports the link between domestic violence and substance abuse. *Substance abuse treatment effectiveness and relapse risk are likely to be impacted negatively if substance abuse treatment providers do not acknowledge or address the violence suffered by their clients. The report further suggests that failure to address the substance abuse problems of female domestic violence survivors may increase their risk of further victimization after they leave treatment. The reality is that most substance abuse treatment centers do not usually have formal ways to address family violence issues, which unfortunately can lead to the issue being ignored altogether.* The DOJ report points out that *many domestic violence programs do not provide substance abuse services for a variety of reasons including: 1) the primary focus is on the families safety and shelter, 2) there is concern that focusing on the substance abuse of female survivors might encourage 'victim blaming', 3) resources are typically very limited within domestic violence programs, 4) programmatic expertise in substance abuse typically does not exist within domestic violence programs. While another option for treating substance abuse problems of female domestic violence survivors within a domestic violence program is to make referrals to substance abuse programs, sometimes this option is not pursued for many of the above reasons, but also there are often philosophical differences between these two types of programs.*
- The Willow has addressed this research by its Memorandum of Understanding that includes First Step at Lakeview (DCCCA, Inc.). The Willow expands this research to include the children of domestic abuse survivors. We believe this to be an innovative and substantial approach.
- The Willow continues to see an increase in the number of families entering the safe shelter with 2 or more risk factors (domestic violence, alcohol/drug use, etc.). The Willow is committed to making appropriate community referrals for survivors and feels very fortunate to have a positive working relationship with our local substance abuse resource center First Step at Lakeview (DCCCA, Inc.). In addition to 'simply' referring survivors to First Step, Inc., The Willow is currently working with First Step, Inc. on new programming that would stream-line a survivor's ability to get into a treatment program if they are assessed to need one. The hope is that survivors will still have safety, but also the ability to receive the treatment they need to continue moving forward with their goals. This communication between The Willow and First Step, Inc. is on-going.

D. Describe the desired outcomes of this program (see Logic Model). At least one Process, one Behavioral and one Impact Outcome must be included and clearly outlined on Logic Model. Outcomes must be measured by an identified evaluation tool. Does agency show adequate progress towards achieving their targeted outcomes if previously funded.

- Please see attached logic model

E. Describe any coordination efforts your agency has made. Program strategy should involve a coordinated approach. Description should address how this particular program or service fits with other existing efforts to reduce fragmentation and duplication.

- The Willow has been informally collaborating with GaDuGi Inc. and First Step at Lakeview (DCCCA, Inc.) for a number of years and has acknowledged the potential cross over in clientele served. The Willow entered into a Memorandum of Understanding (MOU) with those two agencies in April of 2012 in hopes of stream-lining

referrals, sharing community resources, and easing access to services for survivors dealing with multiple issues (domestic violence, sexual assault, other trauma, alcohol and/drug use, etc.). This collaboration has continued to grow and strengthen over the past year. By meeting monthly, these three agencies have built a solid collaborative foundation that our shared clientele (and staff) recognize as helpful, without unnecessary barriers, and as one that focuses on a holistic approach to prevention and care. During this past year, the three agencies planned and implemented a retreat for all respective staff. The goal was to have agencies share what processes they use when providing services and then working together to identify and address any barriers and or gaps in that service delivery. Feedback from participants was positive and encouraging. The MOU partners have compiled and reviewed that feedback, and are using the collected data to form future training sessions.

F. Describe how your agency is capable of implementing the proposed program. Based on agency history, management structure, and staffing pattern, does organization have capacity to implement the proposed program and achieve the desired outcomes?

- Since its founding in the mid 1970's, The Willow Domestic Violence Center has been at the forefront in the state for seeking out new and innovation programming, participating in agency analysis to strengthen existing programs, and is always looking for creative new partnerships and collaborations – all in a continued effort to provide quality services to survivors of domestic violence. The Willow is a fully accredited member of the Kansas Coalition against Sexual and Domestic Violence (KCSDV), and is involved in many local partnerships in our tri-county service area (Coordinated Community Response Teams (CCR's), serving with local law enforcement on DV Units, and a unique partnership with an employment agency, etc.)
- Despite funding cuts, The Willow has maintained a consistent staffing structure to provide supportive services to survivors of domestic violence. This staffing structure is led by our Executive Director, Joan Schultz, who started with the agency in June 2011. Ms. Schultz instituted a management team at that time to support and lead staff members and provides oversight for quality service delivery. The Willow recognizes that a positive culture and strong ethical standard is imperative for an agency that works with survivors of trauma who are fleeing domestic violence situations for their safety, sometimes their lives. The Willow continues to make significant advances in that work by communicating directly with staff members and volunteers.
- The Willow has the capacity to implement the self-imposed goals and objectives of this program, and is confident in meeting the desired outcomes. The Willow's innovative and cutting edge approach with this preventative program for children, and the partnership with Window between Worlds, insures our success.

G. Provide a detailed budget for the proposed program using the categories provided. The budget request for the program described should be reasonable and spelled out according to the categories below. Does the organization use funding creatively to get the most for the money, i.e. use of students, volunteers, in kind donations, leveraging of this funding to get other funding, etc.? Are long-term plans for program funding discussed – will this be an annual request for alcohol tax, is it expected to increase, decrease, etc.? Are other sources of funds used for the program? If so, are they described.

- Please see attached budget

ASSESSMENT DATA	CITY COMMISSION GOAL(S)	PROGRAM GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<p>The Willow Domestic Violence Center currently has baseline data involving this program. This includes data collection on drug and alcohol knowledge</p>	<p>The City Commission Goal(s) related to the program.</p> <ul style="list-style-type: none"> neighborhood quality 	<p>The Willow will work toward the following Goals/Objectives:</p> <ol style="list-style-type: none"> Children who receive information on the harmful effects of drugs and alcohol will show increased understanding of those issues Children from domestic violence situations will increase their self-confidence, Children from domestic violence situations will gain increased skills in handling anger positively, Children from domestic violence situations will increase knowledge of healthy communication (non-violent communication) Provide a bed within The Willow's safe shelter for survivors of rape and/or sexual assault as needed and referred by GaDuGi. 	<p>The Willow will focus on providing services to:</p> <ol style="list-style-type: none"> Children within The Willow's shelter who are fleeing domestic violence. Survivors of rape and/or sexual assault <p>Both of these populations in the community are at high risk for alcohol and/or other drug use and abuse.</p>	<p>The Willow will meet Program Goals/Objectives via:</p> <ol style="list-style-type: none"> Resilience Enhanced Programming in the Art Program with <i>individual</i> strength assessments, and continual and measurable work around the first 4 goals. Domestic Violence and Substance Abuse Awareness with <i>group</i> sessions that include continual and measureable work around the first 4 goals. The evaluation and strengthening of policy and procedures for intake of GaDuGi clients into The Willow's safe shelter will result in a safe place in emergency situations for these high risk survivors.(A Memorandum of Understanding – (MOU) is currently in place between these two entities.) 	<p>The Willow will meet the following Process Outcomes:</p> <ol style="list-style-type: none"> Annually, 100 children (ages 4-17) will participate in weekly expressive art groups, Annually, 100 children (ages 4-17) will participate in weekly individual sessions involving art therapy, drug and alcohol and domestic violence awareness. Annually, 5 survivors of sexual assault will take advantage of The Willow shelter's secure, supportive, and safe environment 	<p>The Willow plans to see the following Behavioral Outcomes:</p> <ol style="list-style-type: none"> 85% of children given training on the harmful effects of domestic violence and alcohol and drug abuse will show improvement in their knowledge of those issues. 85% of the children will maintain a high level of non-violent communication or show an increase in non-violent communication while participating in groups, 85% of children who express difficulties in handling anger will show an increase in handling anger positively while participating in groups, 85% of children participating in groups more than once will show increase self-confidence while participating. 	<p>The Willow Domestic Violence Center believes by increasing the resilience and knowledge of children exposed to domestic violence, the increased incidents of children using alcohol and drugs will decrease. By giving children from homes in which domestic violence occurs tools to express anger in a healthy way will aid in preventing domestic violence to travel through generations. The cost to our community of alcohol and drug abuse is great. Equally, the great cost to our community from domestic violence should not be ignored. We intend to address both issues with this program.</p>



Section G – Proposed Programming Budget

Art Program (including Alcohol and Drug Prevention Programming):

Art Program Coordinator salary:	\$13,520
Fringe Benefits:	\$1034
On-call:	\$600
Mileage:	\$404
Program Supplies:	\$165

Sub-Total: \$15,723

GaDuGi Partnership:

Shelter expenses for bed space:	\$1277
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Total budget and request: \$17,000